## Procedure Assessment Form (PAF)

### Last Name | First Name | Middle Initial
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### Date of Birth | Sex | Weight ______ lbs. | Height _____ ft _____ in.
---|---|---|---

**Circle one:**  
- Adult  
- Pediatric  
- Phantom  
- Other

### Subject ID | Scan ID
---|---

### Dictation Requested *(circle)*:  
- NO  
- YES

### Registration# :

### MRN# | ACC# | CPT Code
---|---|---

### PI NAME/Pager | COORDINATOR NAME/Pager
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### Research / SOC *(Mark one below)*
- Research WITHOUT Epic
- Research WITH Epic
- Standard of Care
- SOC + _______min Research

### Modality *(EPIC scanner IDs)*
- Biograph PET-CT
- VISION PET-CT
- PET-CT *(BJH CIRPCT)*
- CT Only *(BJH CIRPCT)*
- 3.0T Prisma MRI *(CIRMR2)*
- 3.0T VIDA MRI *(CIRMR1)*
- Siemens Biograph mMR (PET/MR)
- Dual mode *(CIR3PT)*
- Single mode *(Mark one below)*
- PET Only *(CIRPT)*
- MRI Only *(CIR3T)*

### START TIME: | END TIME:
---|---

### Additional Resources
- **Invasive procedure/tests**
  - IV: _____ g angio
    - Location: ____________
  - i-stat=_______mg/dl @ ____________
  - Creatinine=_______mg/dl
    - Date: ____________
  - eGFR=__________
  - Glucose=_______mg/dl @ ______
  - HCG=______@ ______ N/A
    - Lot#: ____________
  - Other: ____________
  - Parking  
  - Valet  
  - N/A

- **Injection/Medication**
  - Contrast: ________cc *(circle)*
    - Dotarem  
    - Multihance  
    - Other: ____________

- **Time of injection:**
  - RaPh tracer:
    - ________mCi @ ____________
    - By: ____________
  - Receive/return package (tech):

### Other Services
- Nursing/Technologist
- ftp______________:

### Technologist Check List and Comments

- Docs with ALL Scans: _____ Consent  
  _____ Med/Allergy List  
  _____ HCG / N/A
- Docs with MRI/CT Scans: _____ MRI Screen / N/A  
  _____ CT Contrast Questionnaire / N/A
  _____ Contrast Info: Received - Refused - In-Patient - N/A  
  _____ Creat/GFR checked/ N/A
- Docs with PET scans: _____ PETDoc Sign - N/A  
  _____ QC - N/A

### Technologist Signature:
- Name:
- Date:

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V30_07.2020

________ DB _______ Scan _______ Billing