CCIR Center for Clinical Imaging Research

DATE:_____

CCIR#:_____ HRPO#:_____ mMRD# / MRD# :_____

Procedure Assessment Form (PAF)

Last Name		**First Name**	**Middle Initial**
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# (*Call 362-7111, opt #2*):**	
MRN#	**ACC#:**		**CPT Code:**
PI NAME/Pager:		**COORDINATOR NAME/Pager:**	
Ordering MD:		**Diagnosis:**	

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** ☐ **CT Only**
- ☐ **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 *(CIRPT2)* ☐ 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**
  - Other:_____

Time of injection:_____

- ☐ **RaPh tracer:**

_____

_____

- ☐ **Receive/return package (tech):**

_____

Other Services

- ☐ **Nursing**:
  _____
- ☐ **Technologist:**
  _____
- ☐ **ftp**_____:
  _____
- ☐ **Room**:
  _____

X **Data transfer:**
EPIC:SOC / No Chg

CNDA images:_____

Technologist Check List and Comments

Docs with ALL Scans: _____ Consent _____ Med/Allergy List _____HCG/NA

Docs with MRI Scans: _____ MRI Screen _____ Creat/GFR checked/NA

_____Contrast Info: N/A - Received - Refused - In-Patient

Docs with PET scans: _____ PETDoc Sign _____QC

Technologist Signature:

Name: **Date:**