CT.CT.CT---**INCOMPLETE or ILLEGIBLE requisitions will be returned and may DELAY the study**---CT.CT.CT

Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

KHSC CT Central Intake
Fax: 613-548-1301
KGH Site
Tel: 613-548-2301
HDH Site
Tel: 613-549-3036

CR#: _____ Sex: Female ☐ Male ☐
Name *(Last, First)*: _____
Health Card # _____
Date of Birth: _____ Age: _____
Address 1: _____
Phone: *(Home)* _____ *(Work)* _____

CT REQUISITION

INPATIENT ☐	**ER/UCC** ☐	**OUTPATIENT** ☐	**Patient in Isolation**: NO ☐ YES ☐ (Specify type: _____)
Service:			**Patient Transport**: Walking ☐ Wheelchair ☐ Stretcher ☐
Floor/Section:	Room #:		Consultation Only ☐ Research ☐ Bed ☐ O2 ☐

CT EXAMINATION REQUESTED: _____

Clinical Information/Reason for Scan: Previous Related Imaging: NO ☐ YES ☐ (where: _____)

CAUTION: RISKS FOR CONTRAST INDUCED NEPHROPATHY

Blood work is required to assess creatinine/*eGFR for patients with ANY of the following: *(Check all that apply)*

	YES		YES
Known Renal Dysfunction	☐	If yes, explain _____	
Diabetes Mellitus	☐	On Metformin?	☐
Age greater than 70 yrs	☐	Volume Contraction, Dehydration	☐
Previous Chemotherapy	☐	Solitary Kidney	☐
Organ Transplant	☐	Sepsis, Acute Hypotension	☐
Cardiovascular Disease (Hypertension, CHF, CAD, PVD)			☐
Nephrotoxic Drugs-Loop Diuretics, NSAIDS, Vancomycin, Aminoglycosides, etc			☐

☐ **PATIENT DOES NOT HAVE ANY OF THE ABOVE RISK FACTORS** *(Patient **does not** require blood work)*

Previous adverse reaction to contrast: NO ☐ YES ☐
If YES, please explain: _____
Possibility of pregnancy? NO ☐YES ☐
Is patient able to give informed consent? NO ☐YES ☐
(If NO, written consent or SDM at scan will be required)

CARDIAC IMAGING ONLY

Coronary	☐	Aorta	☐
TAVI	☐	Other	☐
Pulmonary Vein	☐		
Atrial Fibrillation	YES ☐	NO ☐	

ORDERING PROVIDER INFORMATION

Name(Last, First): _____
CPSO #: _____
Phone/Pager/Fax: _____
Attending Physician: _____
Copy to (Last, First): _____
Copy to (Last, First): _____
Date Req Completed: _____

X _____
Ordering Provider Signature

***eGFR:** _____ (mL/minute) **Creatinine:** _____ (u mol/L) **Date Drawn:** (yyyy/mm/dd):_____

if bloodwork is required: Outpatients within 90 days of scan ● Stable Inpatients within 7 days ● Acutely ill patients within 24 hours preferred

FOR IMAGING USE ONLY

PRIORITY: 1 ☐ 2 ☐ 3 ☐ 4 ☐
PROTOCOL:

IV:
☐ C-
☐ C+
☐ C- & C+

Oral:
☐ Water base ☐Water Only
☐ Readi-Cat ☐ None
Other: _____

X _____
Authorized Signature

Tips for Ordering a CT scan at KHSC

All sections of the Requisition must be complete for us to safely and accurately process your request. If the Requisition is incomplete or illegible it will be returned and this may delay the test for your patient. Here are some tips to ensure the test can be completed in a timely manner:

- **KHSC CT Central Intake:** we have a *new Central Intake Fax Number for CT* (**613-548-1301**). For internal referrals sent directly to the CT Suite at the KGH Site, this process has not changed and will continue. All other referrals should be faxed to this new number

- **Clinical Information / Reasons for the Scan:** clearly indicate clinical information / reasons for the scan. This information is important to make sure your patient receives the most appropriate test

- **Risk Factors:** For all CT Requisitions the *Risk Factors Section* must be completed (either indicate all the risk factors that apply or check the box that none apply for your patient)

- **Ordering Provider Information:** We require the *First Name, Last Name, and CPSO Number* of the Ordering Provider (where appropriate) to ensure the report gets to the right provider at the right time (supported by Privacy Legislation)

- **Ordering Provider Signature:** Have the Requisition *signed* by the Ordering Provider

- **CT Chest for Inpatients with Leads:** If ordering a Chest CT scan and your patient has leads on their chest that are *safe to remove during the scan*, the Nursing-staff **must** have an order to remove them. Without that order to temporarily remove the leads, the test may be delayed or the scan may be complete with the leads in place