



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 <input type="checkbox"/>	ER/UCC <input type="checkbox"/>	OUTPATIENT <input type="checkbox"/>	Patient in Isolation: NO <input type="checkbox"/> YES <input type="checkbox"/> (Specify type: _____)
Service: _____	Room #: _____		Patient Transport: Walking <input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher <input type="checkbox"/>
Floor/Section: _____			Consultation Only <input type="checkbox"/> Research <input type="checkbox"/> Bed <input type="checkbox"/> O2 <input type="checkbox"/>

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	<input type="checkbox"/>	If yes, explain _____
Diabetes Mellitus	<input type="checkbox"/>	On Metformin? <input type="checkbox"/>
Age greater than 70 yrs	<input type="checkbox"/>	Volume Contraction, Dehydration <input type="checkbox"/>
Previous Chemotherapy	<input type="checkbox"/>	Solitary Kidney <input type="checkbox"/>
Organ Transplant	<input type="checkbox"/>	Sepsis, Acute Hypotension <input type="checkbox"/>
Cardiovascular Disease (Hypertension, CHF, CAD, PVD)	<input type="checkbox"/>	
Nephrotoxic Drugs-Loop Diuretics, NSAIDS, Vancomycin, Aminoglycosides, etc	<input type="checkbox"/>	

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+ Water base Readi-Cat Water Only 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