Request for Great Ormond Street Hospital Radiology Report

Patient Surname	
Patient Forename	
Patient Date of Birth	
Patient Gender	
NHS Number	
Patient Address	
All relevant clinical information and past medical history. N.B. If there is insufficient information, then a report may not be able to be produced.	
Reason for request (question to be answered)	

Type of imaging sent

Ultrasound		CT Neuro		CT Body	
Fluoroscopy		MRI Neuro		MRI Body	
DEXA		Radiographs (X-Rays)		Nuclear Medicine	

Trust Information

Referring Trust/Hospital	
Name of Person Completing the form	
Name of Person Requesting the Report (if different from above)	
Specialty of Requesting Person	
Referring Hospital Budget Cost Centre	
Referring Hospital Budget Cost Code	
NHS.net email address for report to be sent to	
Confirm NHS.net email address	

IMPORTANT

Please sign below to confirm that you agree that the requesting trust/institution stated above is aware of the request for a report and will pay for the services requested in this form.	
Sign here:	**Date here:**

N.B. If this section is not completed, then the form will be returned to the sender with no service provided from Great Ormond Street Hospital Radiology Department.

For further information or discussion about the transfer of imaging then please contact the Radiology administration team on 0207 829 8615 for advice.

RADIOLOGY DEPARTMENT USE ONLY

Processed by:		Date:	

Guidance for form completion

All Sections of this form are MANDATORY

Please only send the examinations that you wish to be reported as you will be charged for all imaging that is reported.

All relevant clinical information and past medical history must be included to allow the Radiologist's understanding of the patient's current condition and medical condition(s). They require this to be able to formulate the most appropriate report, dependant on the clinical information required.

An NHS.net e-mail address is required for sending the report to the Trust/Hospital in a secure fashion. Other e-mail addresses will NOT be used, unless under specific extenuating circumstances (such as the requesting Trust/Hospital is outside of the NHS). If you are unable to provide an NHS.net e-mail address, then please contact the PACS Team at gosh.pacs@nhs.net to discuss this further.

Sending the request form to Great Ormond Street Hospital Radiology department.

Once completed this form should be e-mailed to gos-tr.externalimages@nhs.net, please note that if sending this request form by e-mail this <u>MUST ONLY</u> be sent from an NHS.net e-mail address, so that the information is sent securely. .

Please do not use any other e-mail account type to send this request to us.

If unable to send by e-mail or for preference, the completed form may also be sent via FAX to 0207 813 8150, or by post to:

X-Ray Department,
Variety Club Building, Level 2,
Great Ormond Street Hospital,
Great Ormond Street,
London,
WC1N 3JH.