

CT REQUISITION

CT FAX: 613 283-5371

CT Reception: 613 283-2330 ext. 2170

Ambulation: Amb W/Chair Stretcher Bed

Precautions: None Contact Droplet Airborne

Z#: _____ Female Male **PT LOCATION:** OP ER IP _____

Surname: _____ Date of Birth: _____

First Name: _____ Address: _____

Note: CT Weight Limit: 500 lbs (227 Kg)
Please send POA with patient if required. Phone #: _____ (H) _____ (W)

INCOMPLETE or ILLEGIBLE requisitions will be returned and may DELAY Study.

Examination Requested: (Include relevant reports and labwork)	Clinical History/Diagnosis:
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- Patient does not have any of the risk factors for CIN. NO Bloodwork work required.**
- Patient has CIN Risk Factors as identified below. Bloodwork is required within 60 days.**
- | | |
|--|---|
| <input type="checkbox"/> Age greater than 70 years | <input type="checkbox"/> Sepsis, Acute Hypotension |
| <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Volume Contraction, Dehydration, Shock |
| <input type="checkbox"/> Vascular Disease(Hypertension, CHF,CAD,PVD) | <input type="checkbox"/> Previous Chemotherapy |
| <input type="checkbox"/> Nephrotoxic Drugs (NSAIDS, Loop diuretics) | <input type="checkbox"/> Kidney transplant/Dialysis |
| <input type="checkbox"/> Renal Disease incl CA; Solitary Kidney, renal surgery | <input type="checkbox"/> Immunosuppression |
| <input type="checkbox"/> AIDS | |

Out-patient with acute illness or in-patient: Bloodwork is required within 3 days.

Creatinine: _____ (u mol/L) **eGFR:** _____ (mL/min) **Date Drawn:** _____

Metformin will be held following IV contrast administration. Creatinine testing is required 48hrs post exam.

KNOWN ALLERGIES: _____ LMP: _____

PHYSICIAN SIGNATURE: _____ Print Name: _____

COPY REPORT TO: _____ Date Requisition Completed : _____

PROTOCOL:	IMAGING USE ONLY	<u>IV</u> <input type="checkbox"/> C- <input type="checkbox"/> C+ <input type="checkbox"/> C- & C+	<u>ORAL</u> <input type="checkbox"/> Water Based <input type="checkbox"/> Water Only <input type="checkbox"/> None
Signature of Radiologist: _____		<input type="checkbox"/> Pre-Med <u>Priority:</u> 1 2 3 4	