

ARTIC PC chest x-ray requisition and report form

Patient study number
(use label)

A. Study number GP:

B. Date of GP consultation:

| | | | | | |
|-----|-------|------|--|--|--|
| | | | | | |
| Day | Month | Year | | | |

D. Date of birth patient

| | | | | | |
|-----|-------|------|--|--|--|
| | | | | | |
| Day | Month | Year | | | |

C. Name GP
 Street address
 Post code-City
 Telephone

E. Name patient
 Street address
 Post code-City
 Telephone
 NHS number

CLINICAL HISTORY:

GP referrer's signature:.....PRINT NAME:.....
 (Required by IR(ME)R 2000)

Instructions to radiology:

This patient is participating in the ARTIC PC study, a study on diagnosis of lower respiratory tract infections in Primary care. Our standard is for the imaging to be taken within 7 days from GP consultation (see date above), but preferably within 3 days, a chest x-ray should be taken according to local standard procedures. Could you please answer the questions below and use this form, together with your standard report, to inform the ARTIC PC Local coordinator of your findings (see contact details below).

F. Date chest X-ray

| | | | | | |
|-----|-------|------|--|--|--|
| | | | | | |
| Day | Month | Year | | | |

G. Chest X-ray sufficient quality? Yes: No:

H. Consolidation Yes: No:

If yes: Right: Left:

I. Pleural effusion Yes: No:

J. Interstitial pattern/infiltrate Yes: No:

If yes, specify type (see SOP): C1: C2:

K. Diagnosis Normal chest x-ray
 Acute bronchitis
 Bronchopneumonia
 Lobar pneumonia
 Other, please specify:.....

L. Other remarks:

Signed (Radiologist) :PRINT NAME:.....