

# HOW TO REQUEST A RADIOLOGY EXAMINATION ELECTRONICALLY

**Step 1:**  
Search for patient on  
intranet home page

Find UK personal, business and medi

Search

Patient  Go

Phone Book  Go

Intranet  Go

A B C D E F G H I J K L M  
N O P Q R S T U V W X Y Z

**Step 2:**  
**CHECK YOU ARE IN  
THE CORRECT  
PATIENT RECORD.**

It is essential that you  
perform a positive ID  
with the patient in  
accordance with trust  
policy. Then select  
'Radiology Requesting'  
(under services)

3034799

Hide Window

Timeline Contact Type Category Care Spell

Patient Details 3034799

Services

- Find paper records using Case Note Tracking
- View Clinical Letters
- View the Clinical Image Library
- Issue an information leaflet using Patient Infor
- View the Pathology Image Library
- Radiology Requesting**

Radiology Requesting

### Step 3:

Review patient's radiology history and booked appointments (In the Radiology section )



### Step 4:

Review previous requests and create a new request if required



Exams requested

[Create a new request](#)

Request date	Exam	Requested by	Status
22/02/2011 14:13:11	<a href="#">XR Abdomen</a>	karen perry, mrs	Rejected
15/11/2011 14:28:38	<a href="#">XR Abdomen</a>	karen perry, mrs	Rejected
28/11/2011 14:17:42	<a href="#">US Pelvis transabdominal</a>	humprju, miss	Rejected
06/12/2011 07:35:39	<a href="#">US Abdomen</a>	karen perry, mrs	Rejected (This is a test patient)
23/12/2011 14:27:45	<a href="#">XR Chest</a>	humprju, miss	Rejected (Testing new interfaces)

[To view previous requests, click HERE](#)

Exams scheduled and completed in CRIS:

**Step 5:**  
Electronically sign the request using normal heartsol username and password

3034799 TEST, Test 1 Jan 1900 (107 years) Male 987 654 3210

Username:   
Password:

**Examination request**

Preferred Site:  Consultant:   
Patient Type:  Specialty:   
Ward/Location:  Required When:

Patient Category:  NHS  CATII  Private  Clinical Trial / Study  
Mobility:  Walk  Chair  Bed  Portable  Theatre  
Special Needs:  Sight  Hearing  Interpreter  Oxygen  Escort

Modality:   
Body part:   
Exam:

Medical Status  
Infection Risk:   
Allergies:

Examinations requiring intravenous contrast  
[Renal Function](#) Asthmatic (if known)  
U&E Test underway   Yes  No  
Creatinine Result ( $\mu\text{mol/l}$ ):   
Creatinine Result Date (dd-mmm-yyyy):   
INR:  Diabetic:  Insulin  Metformin

MRI please tick if the patient has the following  
 None  Pacemaker  
 Aneurysm Clips  Metal foreign body  
 Operation within 3/12

**Your Details**  
Username: dobbsj Full name:  Title:  Bleep/Mobile No:

**Step 6:**  
Fill out required referral fields.  
Take extra care when selecting the consultant to ensure the result is sent to the correct team

To find examination- choose Modality, Body part and Exam from drop down menus or select from previously requested exams  
Click confirm.

Click submit

Any mandatory fields not filled in will be highlighted in red. Fill these out and 'submit' again

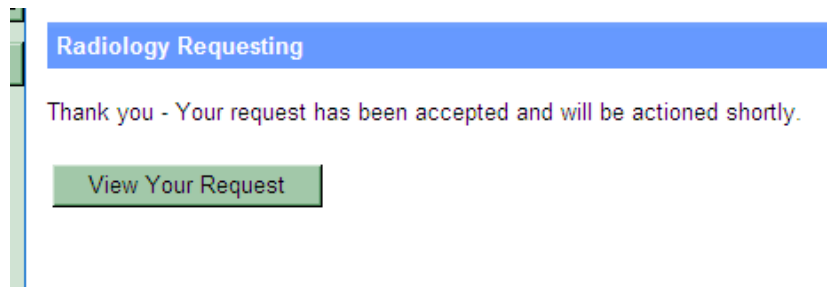
**Step 7:**

Ensure that the request is for the correct patient, and click OK



**Step 8:**

If your request is successful you will see the following message. You may review the request you have made.



**NB:**

It is not possible to electronically cancel a request. Please contact radiology if you wish to do so.