

Sites referring to Central Intake fax to (204) 926 3650 or 1(866) 210 6119. In all other cases fax directly to the nearest CT department. <b>Incomplete / illegible forms will be RETURNED</b>  Failure to sign this request will delay patient care. Required information is indicated with an "*" and must be completed or the request will be declined.		<b>PATIENT INFORMATION</b> *Last Name / First Name: _____ *DOB: _____ *Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female yyyymm/dd	
<b>OUTPATIENT:</b> <input type="checkbox"/> 1 <sup>st</sup> available (Winnipeg only) <input type="checkbox"/> Willing to travel within Manitoba for 1 <sup>st</sup> available appointment <input type="checkbox"/> Preferred Site – Specify: _____ <b>ED OUTPATIENT:</b> follow up with <input type="checkbox"/> ED Physician <input type="checkbox"/> Primary Care Provider		MHSC: _____ *PHIN: _____ Full Address: _____ Email Address: _____ *Daytime Phone: (____) _____ Mobile: (____) _____ Emergency Contact / Next of Kin: _____ Translator <input type="checkbox"/> Language Required: _____	
<b>INPATIENT / ED:</b> <input type="checkbox"/> Site: _____ Ward / Room #: _____ Phone: _____		<b>SCHEDULING</b> NB: Exam priority is based on the clinical judgement of the Radiologist and the clinical information provided <b>URGENCY:</b> <input type="checkbox"/> Emergent (contact radiologist directly) <input type="checkbox"/> Urgent <input type="checkbox"/> Elective <input type="checkbox"/> Requested Exam Date: _____ <b>Patient Mobility:</b> <input type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair <input type="checkbox"/> Geri Chair <input type="checkbox"/> Stretcher <input type="checkbox"/> Bed <input type="checkbox"/> Lift Required <b>Isolation:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify: _____ <b>Pregnant:</b> <input type="checkbox"/> No, Beta-HCG _____ Date _____ <input type="checkbox"/> Yes LMP _____ Accurate Weight if over 250 lbs *Patient Weight: _____ (lbs)	
<b>EXAMINATION REQUEST</b> *Exam: _____ Previous Relevant Exams: _____ Date: _____; Location: _____ Date: _____; Location: _____ *History: _____ *Allergy to X-Ray dye? <input type="checkbox"/> No <input type="checkbox"/> Yes, If known Specify: _____ *Renal Risk Stratification: Known Kidney Disease: <input type="checkbox"/> No <input type="checkbox"/> Yes Prior or pending referral to specialist for renal function concerns <input type="checkbox"/> No <input type="checkbox"/> Yes Other Risk Factors <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify: _____ If yes to any above, please provide the most recent Creatinine result. Serum Creatinine: _____ eGFR _____ Date _____ OR Point of Care (whole blood Creatinine): _____ Date _____			
<b>ORDERING CLINICIAN INFORMATION</b> _____ ( ) _____ ( ) _____ *Clinician Signature *Clinician Name (print first & last) Billing # Fax # *24hr Critical Results Contact # _____ ( ) _____ Address Phone # *Date Ordered Time Ordered (24hr) _____ ( ) _____ ( ) _____ Copy to: Clinician Name Location Fax # Phone #			
FOR DEPARTMENT USE ONLY:   Approval Date: 17-APR-2025 SAP #3377530 R250-10-115-V01			

**SEX AND GENDER:**  
 Appropriate and standardized wording for gender identities are being developed by Shared Health. Under the recommendation of this Shared Health group, this has been omitted from the current form and requisition will be modified in future once this standard is finalized.

**REQUESTED EXAM DATE:**  
 This refers to a future desired date. This allows pre-ordering of an examination where the timing is important for clinical reasons (e.g. post chemotherapy assessments, aneurysm follow ups).

**PATIENT WEIGHT:**  
 Patient weight must always be included. Patients 250 lbs or more must have a recent accurate weight, patients under that may be an estimate.

**POINT OF CARE BLOOD TEST:**  
 Only available at some locations in Manitoba. This is less precise than conventional testing, and has an accordingly different eGFR threshold.

**ADDITIONAL REQUIRED INFORMATION:**

- Billing codes
- Phone numbers
- Legible names
- Signatures

**WILLINGNESS TO TRAVEL:**  
 If left unspecified, the default assumption is that a patient is willing to travel to a site with a shorter wait time. The balance between distance of travel and improvement in wait time is reviewed by diagnostic imaging operations on an ongoing basis.

If a patient is offered an appointment and finds they are unwilling to travel, they can be rebooked by notifying the site.

**URGENCY:**  
 Exam triage (priority level) is determined by the radiologist based on the clinical information provided. Indicated urgency is used as an additional level of confirmation of this triage method – but is not a guarantee of departmental prioritization.

When left blank the prioritization remains at the discretion of the protocolling radiologist.

Broad timelines:  
 Emergent – within 24 hours (request sent to accepting site directly)  
 Urgent – within 7-30 days  
 Elective – next available time slot

**RENAL RISK STRATIFICATION:**  
 This is a significant change from prior practice due to updated guidance from the Canadian Association of Radiologists and the American College of Radiology. If there is an answer “no” to both screening questions, creatinine testing is not required. If the patient is at baseline, and there is no clinical concern there is an acute renal insult, bloodwork values are acceptable for up to 6 months prior to scanning. To assist in this, we ask only for the date and value of the most recent bloodwork.

As a result, in many cases ordering bloodwork for outpatient examinations may not be required.

Additional renal risk factors include, but are not limited to those with:

- History of chronic kidney disease, particularly eGFR <30ml/min/1.73m2
- Diabetes
- Age 70+
- Organ transplant
- Paraproteinemia syndromes / diseases (e.g. myeloma)
- Patients receiving potentially nephrotoxic medications (e.g. interleukin or other chemotherapy agents that may lead to nephrotoxicity or dehydration, non-steroidal anti-inflammatory drugs, ACE inhibitors or angiotensin receptor blockers, loop diuretics, aminoglycosides, vancomycin, amphotericin B).
- Low perfusion states (eg. dehydration, shock, sepsis, heart failure)
- Prior renal surgery or solitary kidney.