

OUH IM&T Services - PACS/RIS Team

## PATIENT IMAGING REQUEST (Requesting Radiology studies on behalf of someone else) PATIENT DETAILS: Title: DOB: Gender: Forename: Surname: Address: Mobile No: Home No: Email: NHS No: MRN: STUDY DETAILS: Please select only ONE of the three options below Image Exchange Portal Imaging sent electronically to another NHS or private hospital (UK) Hospital: Location: Recipients Name: Image Exchange Portal for Anyone An account is created and a link is sent to the email address provided. Log into IEP with security details in order to download the images Encrypted CD A CD and a password letter sent by Royal Mail The patient is entitled to a copy of all the Radiology imaging we retain at this trust. However if only specific episodes are required please specify below. Date: Description:

## OUH IM&T Services - PACS/RIS Team

## **REQUESTOR DETAILS:**

| Title:     |                     | DOB: | : |  | D | D | M | M    | Υ   | Υ | Υ | Υ | ' | Ger | nder | : |  |  |
|------------|---------------------|------|---|--|---|---|---|------|-----|---|---|---|---|-----|------|---|--|--|
| Forename:  |                     |      |   |  |   |   | S | urna | me: |   |   |   |   |     |      |   |  |  |
| Address:   |                     |      |   |  |   |   |   |      |     |   |   |   |   |     |      |   |  |  |
|            |                     |      |   |  |   |   |   |      |     |   |   |   |   |     |      |   |  |  |
| Mobile No: |                     |      |   |  |   |   | Н | ome  | No: |   |   |   |   |     |      |   |  |  |
| Email:     | Relationship to the |      |   |  |   |   |   |      |     | - |   |   |   |     |      |   |  |  |
|            |                     |      |   |  |   |   | р | atie | nt∶ |   |   |   |   |     |      |   |  |  |

Please ensure you provide the relevant evidence from the table below:-

| Patient Details                       | Evidence to be provided                  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|
| Patient under 18 and the requestor is | None                                     |  |  |  |  |
| their parent                          |  |  |  |  |  |
| Patient under 18 and the requestor is | Documentation that provides evidence of  |  |  |  |  |
| <b>not</b> their parent               | "parental responsibility" for the        |  |  |  |  |
|                                       | patient                                  |  |  |  |  |
| Patient over 18                       | Written and signed consent from the      |  |  |  |  |
|                                       | patient                                  |  |  |  |  |
|                                       | 0r                                       |  |  |  |  |
|                                       | Power of attorney for health and welfare |  |  |  |  |
| Patient is deceased                   | Will naming the requestor as executor    |  |  |  |  |
|                                       | 0r                                       |  |  |  |  |
|                                       | Solicitors letter granting executor      |  |  |  |  |
|                                       | status                                   |  |  |  |  |
|                                       | 0r                                       |  |  |  |  |
|                                       | Grant of probate                         |  |  |  |  |
|                                       | 0r                                       |  |  |  |  |
|                                       | Letters of administration                |  |  |  |  |

 $\mbox{\bf DECLARATION:}$  The information I have provided is correct to the best of my knowledge

| Signed: | Date: |  |
|---------|-------|--|
|         |       |  |

Please email the completed form to <a href="mailto:patientimagerequest@ouh.nhs.uk">patientimagerequest@ouh.nhs.uk</a> or alternatively post to the following address:-

PACS & RIS Team Manor House Annexe John Radcliffe Hospital Headley Way Oxford OX3 9RR

Incomplete request forms OR those without a signature OR relevant evidence will NOT be actioned