



**ACH CAIR Imaging Centre
Requisition for Radiologist Review on Incidental Findings**

Subject ID: _____

Date of MRI: _____

Subject Name: _____

Date of Birth: _____

Parent Name: _____

Phone: _____

Name of Principal Investigator: _____

Email: _____

Name of Family Physician: _____

Phone: _____

Please describe the specific concern on images:

Are the MR images available on workstation in 3T MRI scanning room?

Yes No (Please do not submit this request if the answer is no.)

Name of Applicant: _____

Email: _____

Signature of Applicant: _____

Date: _____

----- **Below Is for Use by Reviewing Radiologist** -----

Name of Radiologist _____

Date request was received _____

Please describe the findings on images:

Are the MR findings considered material incidental findings and therefor warrant further investigation?

Yes No (Case is closed if the answer is no.)

If the MR findings warrant further investigation, have you contacted the family physician or his/her office?

Yes No (Case is closed if the answer is yes.) Date of phone call: _____

If you are not able to reach the family physician or his/her office, have you contacted the research subject or his/her family?

Yes (Case is closed if the answer is yes.) Date of phone call: _____

Signature of Radiologist _____

Date _____