



**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.)

***Please insert all relevant images into a PowerPoint file and submit it together with this form.***

Name of Applicant: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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

Please describe the findings on images:

Do the MR findings 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 \_\_\_\_\_