

PACS – Image Copy Request Form

Images may be copied from the Mercy University Hospital PACS for onward transmission as part of the patient's care, for teaching purposes or for medico-legal cases. Copying of images for any other purposes is strictly prohibited. It is the responsibility of the requester to ensure the safety and data integrity of the data stored on the CD/film in accordance with the Data Protection Act 2003. A record of this request will be kept by the PACS office.

This form must be completed in full, incomplete forms will result in the delay/failure to have a copy produced. Requests for copied images must be received a minimum of 24 hours in advance.

Patient Name	
RID:	
Date of Birth	
Examinations Requested	
Examination Date	

NB: Printing of films ceased in July 2008. Hard copies will be printed at the discretion of the Radiology Department or in the case of out-of-hours emergencies only.

Please tick media required:

CD	<input type="checkbox"/>
Film	<input type="checkbox"/>
Transmit to CUH	<input type="checkbox"/>

Reason for copy request: **Fracture Clinic / Orthopaedic Referral**

Patient Demographics; Yes No

It is the responsibility of the requesting clinician that the CD/Film be disposed of appropriately when the information is no longer required. CD/Film can be returned to the PACS office for shredding if required.

I have read all of the above information and agree to abide by this policy		
Signature: _____		
Please print name in block capitals: _____		
Date: _____	Bleep No.: _____	Team: _____

Office use only:	
Copy Prepared by _____	Collected by _____
Date: _____	Date: _____