Cork University Hospital	**Policy for the protection of the unborn child arising from ionising radiation received during medical diagnostic or Interventional procedures [excluding PET/CT]**

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1.0 Policy Statement

It is the policy of Cork University Hospital to ensure that all reasonable measures are taken to minimise the risks associated with potential fetal irradiation during the medical exposure of women of childbearing age

2.0 Purpose

To outline the procedures to be followed when women of childbearing age are referred and present for a procedure involving the use of ionising radiation within Cork University Hospital

3.0 Glossary of Terms

For the purpose of these procedures, the following terms have the meaning hereby assigned them:

3.1 **10 day rule**: Application of the 10 day rule means that for a patient who has a regular 28 day menstrual cycle, the procedure should be scheduled to take place during the first 10 days of the menstrual cycle. Note: the 10-day rule is primarily a scheduling aid to reduce the possibility of irradiating women who do not know they are pregnant. Use of the 10-day rule in practice means that high fetal dose procedures should be scheduled within this 10-day period however the patient's particular circumstances should be taken into account

3.2 **Clinical Responsibility:** Responsibility regarding individual medical exposures attributed to a Practitioner, notably:

- Justification
- Optimisation
- Clinical evaluation of the outcome
- Co-operation with other specialists and staff, as appropriate, regarding practical aspects
- Obtaining information, if appropriate, of previous procedures
- Providing existing radiological information and/or records to other Practitioners and/or Prescribers, as required
- Giving guidance and information on the risk of ionising radiation to patients and other individuals involved, as appropriate
- Certain aspects of the practical implementation of clinical responsibility may be delegated to the Radiographer or one or more individuals entitled to act in this respect in a recognised field of medical specialisation provided that individual has successfully completed such a course or courses in radiation safety as the Medical or Dental Councils may specify

3.3 **Date of LMP:** Date of the first day of the last menstrual period

3.4 **High fetal dose procedure**: Any procedure resulting in a fetal dose that is likely to be above 10mGy. The list of high fetal dose procedures is shown in Appendix 1

3.5 **Low fetal dose procedure**: Any procedure in which the fetal dose is likely to be below 10mGy but above 1mGy. The list of low fetal dose procedures is shown in Appendix 2

3.6 **MPE:** Medical Physics Expert

3.7 **Oligomenorrhea**: Medical term for infrequent menstrual periods (fewer than six to eight periods per year).

3.8 **Operator**: A staff member (typically a Radiographer) or other medical specialist delegated the authority to carry out exposures under article 13, SI 256, (2018) who is authorised to carry out medical radiation exposures on patients

3.9 **Overdue period rule (also known as the 28 day rule)**: The procedure can take place provided the patient's menstrual period is not overdue and the patient has indicated she is not pregnant

3.10 **Postmenopausal:** No periods (amenorrhea) for one year if greater than 50 years of age or for two years if aged less than 50 years (provided there is no hormonal contraception being used) [11]

3.11 **Practitioner**: A Radiologist, Radiographer or Medical Practitioner who is:

a) A person whose name is entered on the register established under Section 26 of the Medical Practitioners Act, 1978 and who meets such other requirements as may be specified by the Medical Council from time to time to allow them to take clinical responsibility for an individual medical exposure.

b) A person whose name is entered in the register established and maintained by the Radiographers Registration Board pursuant to section 36 of the Health and Social Care Professionals Act 2005 (No. 27 of 2005)

c) A person whose name is entered on such other register or registers as the Minister may, from time to time, establish in relation to persons who are entitled to take clinical responsibility for an individual medical exposure and who meets such other requirements as the Minister may prescribe

3.12 **Pregnancy Status Declaration Form:** Women of childbearing age undergoing a low (see 3.5) or high (see 3.4) fetal dose procedure are asked to complete a Pregnancy Status Declaration Form indicating pregnancy status and date of LMP. This form also has a set of supplementary questions to help establish if pregnancy can be reasonably ruled out. These questions should be completed by a patient if she has

missed a period, if periods are absent or in the case of high fetal dose procedures if the patient's date of LMP does not fall within the last 10 days.

3.13 **Radiographer:** A person who has successfully completed an approved course of training for that category of persons and who is registered with CORU

3.14 **Prescriber: Referrer**

a) A person whose name is entered on the register established under Section 26 of the Medical Practitioners Act 1978
b) A person whose name is entered on the register established under Section 26 of the Dentists Act 1985
c) A person whose name is entered on the register of nurses as maintained by Nursing and Midwifery Board of Ireland established by the Nurses Act 1985 and who meets the standards and requirements set down by the Nursing and Midwifery Board of Ireland from time to time to allow them to refer individuals for medical exposures to a practitioner
d) A person whose name is entered on such other register or registers as the Minister may, from time to time, establish in relation to persons who are entitled to refer individuals for medical exposure to a practitioner and who meets such other requirements as the Minister may prescribe from time to time

3.15 **Rejustification Form:** This form is to be completed by the Prescriber or Practitioner if the patient is pregnant or if pregnancy cannot be ruled out and where the exposure of the fetus is justified

3.16 **Risks of radiation exposure to the fetus:** The radiation dose to the embryo or fetus that is likely to result from any routine diagnostic procedure in current use should present no risk of causing fetal death, malformation, growth retardation or impairment of mental development. Exposure of pregnant women to higher fetal dose procedures may however result in an increase in the risk of childhood cancer compared to those not undergoing a radiation exposure

3.17 **RPA:** Radiation Protection Adviser

3.18 **RPO:** Radiation Protection Officer

3.19 **Women of childbearing age**: An age range of 12 to 55 years is usually acceptable but should be used with caution

4.0 Scope

This policy applies to any radiography, fluoroscopy, or computed tomography examination involving irradiation between the diaphragm and symphysis pubis and to any radionuclide imaging procedures [1].

5.0 Roles & Responsibilities

5.1 It is the responsibility of the Undertaking to ensure that all relevant staff are familiar with this procedure and to ensure that the procedure is adhered to

5.2 **Referrer:** It is the responsibility of the referrer to:

- Ensure the procedure is justified and provide the practitioner with all relevant information as part of the procedure request [1]
- State in writing the reason for requesting the particular procedure [2]
- Enquire as to and provide the practitioner with the pregnancy status and date of LMP of women of childbearing age for all ionising radiation exposures where the dose to the fetus is expected to be above 1mGy [1]
- Seek (with the practitioner) where practicable, to obtain previous diagnostic information or medical records relevant to the planned exposure and consider these data to avoid unnecessary exposure [2]
- In conjunction with the practitioner, review the justification for a procedure in the event that a patient is pregnant, might be pregnant or cannot exclude the possibility of pregnancy [1]

5.3 **Practitioner:** It is the responsibility of the practitioner to

- Ensure that the risks of radiation exposure to the fetus are explained to the patient
- Ensure that the patient is asked as to whether she is or might be pregnant and that her answer is recorded in writing [1]
- In conjunction with the prescriber, review the justification for a procedure in the event that a patient is pregnant, might be pregnant or cannot exclude the possibility of pregnancy [1]

5.4 **Operator**: In most cases this will be a Radiographer. In some cases a Radiographer may be present when a Medical Specialist carries out an exam involving ionising radiation and thus becomes the operator. It is the responsibility of the Operator to

- Ensure that correct patient identification and procedure matching is undertaken and that any queries are discussed with the practitioner
- Ensure the Pregnancy Status Declaration Form is completed and sign as a witness. This form should be scanned into RIS.
- Ensure that the risks of radiation exposure to the fetus are explained to the patient and that they are given an opportunity to ask questions

- Ensure that the patient is asked as to whether she is or might be pregnant and that her answer is recorded in writing [1]
- In conjunction with the practitioner and MPE/RPO when available, optimise a procedure if pregnancy cannot be ruled out
- Seek advice from the practitioner or an MPE/RPA/RPO if there are concerns regarding certain situations or uncertainty about pregnancy status

5.5 **MPE/RPA:** It is the responsibility of the MPE/RPA to

- Provide advice regarding fetal dosimetry
- Provide advice regarding the optimisation of a procedure if pregnancy cannot be ruled out
- Provide advice on all aspects of radiation protection

6.0 Procedures / Guidelines

6.1 Standard Operating Procedure

6.1.1 For all applicable patients (see 4.0), the referrer should (as per 5.2):

- Ensure the procedure is justified
- State the reason for requesting the particular procedure and provide relevant clinical history on the request
- Seek (with the practitioner) where practicable, to obtain previous diagnostic information or medical records relevant to the planned exposure
- Enquire as to the patient's pregnancy status and date of LMP and record this on the request
- In the case of an anaesthetised patient, the referrer should establish pregnancy status prior to anaesthesia. If the pregnancy status has not been established prior to anaesthesia, the referrer must document the justification for continuing with the procedure (without knowing the pregnancy status) in the patient notes
- In the case of an unconscious patient where pregnancy status cannot be established, the referrer and/or practitioner must document the justification for continuing with the procedure
- In the event that a patient is pregnant, might be pregnant or cannot exclude the possibility of pregnancy, review (in conjunction with the practitioner) the justification for a procedure
- If the procedure is deemed clinically urgent and justified, the decision should be recorded on the Rejustification Form

6.1.2 When the patient attends for the procedure, the Radiographer/Operator should (as per 5.4):

- Ensure that correct patient identification and procedure matching is undertaken and that any queries are discussed with the practitioner
- Ensure the Pregnancy Status Declaration Form is completed and sign as a witness
- Explain to the patient the risks of radiation exposure to the fetus. A brief but simple explanation of the risks of radiation exposure to the fetus should be given, e.g.

  "Is there any possibility that you could be pregnant?"

  "*I have to ask because radiation exposure in pregnancy may slightly increase the risk of childhood cancers above the natural baseline level*"

- In conjunction with the practitioner and if possible with the MPE/RPO, optimise a procedure if a patient is pregnant, might be pregnant or cannot exclude the possibility of pregnancy
- If the patient is under 16 years of age, the parent or guardian must be present and sign the paediatric version of the Pregnancy Status Declaration Form
- Seek advice from the Referrer/Practitioner/MPE/RPO if there are concerns regarding certain situations or uncertainty about pregnancy status

6.1.3 If a patient is unable to respond to questioning because English is not their native language, an interpreter proficient in the patient's language is required to facilitate translation (an exception may be made in emergency situations). Where practicable, this is best achieved by using a professional interpreter. The use of family (in particular children) and friends should be avoided if at all possible [12]

6.1.4 If a patient is unable to respond to questioning because of learning difficulties, the operator must work on the presumption that the patient has the capacity to make decisions about their care and to decide whether to agree to or refuse an examination. No other person such as a family member, friend or carer can give or refuse consent to a health or social care service on behalf of a patient who lacks capacity to consent unless they have specific legal authority to do so. The possibility of incapacity and the need to assess capacity formally should only be considered, if, having been given all appropriate help and support, a patient is unable to communicate a clear and consistent choice or is obviously unable to understand and use the information and choices provided. Actions should be in line with those specified in the hospital's guidelines on consent and the relevant legislation [12]

6.1.5 If a patient is unable to respond to questioning because of illness, the Referrer or Practitioner should be consulted

6.2 High Fetal Dose Procedures

6.2.1 For high fetal dose procedures, the following workflow should be applied:

a) Patient has indicated they are not pregnant and procedure falls within the first 10 days of their LMP

- The procedure may go ahead.

b) Patient has indicated they are not pregnant and procedure does <u>not</u> fall within the first 10 days of their LMP. If the patient can reasonably rule out pregnancy (sec 6.4):

- The patient (or parent/guardian if relevant) should complete section 2 of the Pregnancy Status Declaration Form
- This form is scanned onto RIS
- The procedure may go ahead

c) Pregnancy <u>cannot</u> be ruled out regardless of stage in menstrual cycle

- The referrer or practitioner's advice should be sought with regard to the clinical urgency and the justification for the procedure
- Consideration should be given to the use of alternative imaging modalities which do not use ionising radiation
- If the procedure is deemed clinically urgent and justified, the decision should be recorded on the Rejustification Form
- The patient (or parent/guardian if relevant) is asked to sign the relevant section on the Rejustification Form
- This form is scanned onto RIS.
- The procedure may go ahead with optimisation taking into account both the mother and possible fetus
- If the procedure is <u>not</u> deemed clinically urgent and justified, it should be rescheduled to a later date.

6.3 Low Fetal Dose Procedures

6.3.1 For low fetal dose procedures, the following workflow should be applied:

a) Patient has indicated they are not pregnant and have <u>not</u> missed a period

- The procedure may go ahead

b) Patient has indicated they are not pregnant and have missed a period. If the patient can reasonably rule out pregnancy (sec 6.4):

- The patient (or parent/guardian if relevant) should complete section 2 of the Pregnancy Status Declaration Form
- The procedure may go ahead

c) Pregnancy <u>cannot</u> be ruled out regardless of stage in menstrual cycle

- The referrer and practitioner's advice should be sought with regard to the clinical urgency and the justification for the procedure
- Consideration should be given to the use of alternative imaging modalities which do not use ionising radiation
- If the procedure is deemed clinically urgent and justified, the decision should be recorded on the Rejustification Form. The patient (or parent/guardian if relevant) is asked to sign the relevant section on the Rejustification Form. This form is scanned onto RIS.
- The procedure may go ahead with optimisation taking into account both the mother and possible fetus
- If the procedure is <u>not</u> deemed clinically urgent and justified, it should be rescheduled to a later date.

6.4 Ruling out Pregnancy

6.4.1 Health professionals can be reasonably certain that a woman is not currently pregnant if any one or more of the following criteria are met and there are no symptoms or signs of pregnancy:

- A patient is postmenopausal (see 3.9)
- A patient has had a hysterectomy
- A patient has had a bilateral oophorectomy (surgical removal of both ovaries)
- A patient has not had sexual intercourse since last normal menses
- A patient is within 4 weeks postpartum
- A patient who engages in sexual intercourse with same-sex partners only.
- A patient is correctly and consistently using an acceptable method of contraception:
  - Insertion of the contraceptive implant (Implanon) within the previous 3 years
  - Insertion of the levonorgestrel Intrauterine System (IUS) (Mirena or Kyleena) within the previous 5 years
  - Insertion of the Jaydess IUD within the previous 3 years
  - Insertion of the Copper Coil IUD within the previous 5-10 years (depending on expected life of coil used)
  - Depo-provera injection within the previous 3 months
  - Tubal Ligation

- Consistent and correct use of Combined Oral Contraceptive Pill / Progesterone Only Pill / Transdermal Contraceptive Patch (Evra) / Combined Vaginal Ring (Nuvaring) within the past 1 month

6.4.2 The use of radiotherapy or chemotherapy agents does not rule out pregnancy.

6.4.3 This policy does not advocate the use of or reliance on routine urine pregnancy testing as it is unreliable in early pregnancy and false negatives are common. However if pregnancy testing is used, local hospital guidelines on their use (urine or serum) should be followed. If these are not available, the following procedure may be considered:

- Ideally a woman should provide a first morning urine specimen to allow sufficient time for hCG levels to concentrate in the urine, but random samples can be used. Urine held for a shorter duration may give a false negative result in very early pregnancy.
- A negative pregnancy test adds weight to the exclusion of pregnancy, but only if **≥ 3 weeks** since the last episode of unprotected sexual intercourse (UPSI).
- Serum hCG testing may be appropriate for women with erratic cycles/ oligomenorrhea, who aren't using acceptable forms of contraception and where the timing of ovulation is unknown.

6.5 Procedures on Patients known to be Pregnant

6.5.1 The procedure may go ahead with optimisation provided that:

- The Referrer / Practitioner has justified the exposure and recorded the decision on the Rejustification Form.
- The patient (or parent/guardian if relevant) has completed and signed the Rejustification Form.
- This form is scanned onto RIS.

6.5.2 The Operator shall keep a record of the procedure details. The Operator shall give the RPO the Rejustification Form with all relevant details, who in turn shall relay all relevant details to the MPE/RPA for assessment of the fetal dose. This information should also be documented.

6.5.3 The fetal dose shall be recorded on the relevant RIS entry for the patient by the RPO.

6.6 Procedure to be followed in the event of inadvertent fetal exposure

6.6.1 Local hospital guidelines on reporting of incidents should be followed. If these are not available, the following procedure should be adhered to:

- The person detecting the incident is required to ensure the safety of the person placed at risk and take any necessary actions
- The treating medical team and RPO must be notified and this must be documented in the patient's healthcare record (if available) with the advice/ instructions and their name clearly stated
- A single adverse incident report form (NIRF 01) must be used for reporting the incident or near miss giving a brief description and actions taken to manage the event.
- The facts of any incident affecting the clinical care of the patient must be documented in the patient's healthcare record (if available) and correctly signed by the person documenting the event when Open Disclosure has taken place
- The dose to the fetus should be carefully estimated by an MPE
- The RPO/RPA is responsible for investigating the incident and whether any local practices or systems require change so as to reduce the likelihood of a similar incident occurring.

6.7 Open Disclosure (Communication with Patient, Relatives, Staff)

6.7.1 In the event of inadvertent fetal exposure, information pertaining to the incident must be disclosed to the patient by the prescriber in consultation with the RPO/RPA http://www.hse.ie/opendisclosure/

6.7.2 The patient should be given a prompt and truthful explanation about the incident

6.8 Procedure to be followed on detecting a serious safety event

6.8.1 Serious incidents require a thorough investigation including escalation to relevant external bodies (HIQA [3], the EPA [13] and/or the HPRA [14]) as appropriate in accordance with the Safety Incident Management Policy, HSE, 2015. The purpose of the investigation is to identify the key factors that contributed towards the incident occurring and the contributory factors that underpinned these.

7.0 Monitoring and Audit Procedures

This policy is monitored on an on-going basis by the RPO/RPA.

8.0 References and Related Documents

[1] Guidance on the protection of the unborn child during diagnostic medical exposures EPA ORP (formerly RPII), May 2010

[2] European Union (Basic Safety Standards for Protection Against Dangers Arising from Medical Exposure to Ionising Radiation) Regulations 2018, SI No. 256 of 2019. Dublin: The Stationary Office; 2019. Available online from: http://www.irishstatutebook.ie/2018/en/si/0256.html

[3] Statutory notifications for accidental or unintended medical exposures to ionising radiation Guidance for undertakings carrying out medical exposures to ionising radiation on the statutory requirement to notify significant accidental or unintended exposure events to HIQA, Sept 2019

https://www.hiqa.ie/sites/default/files/2019-10/Guidance-notification-of-significant-events.pdf

[4] Advice on exposures to ionising radiation during pregnancy, National Radiological Protection Board, College of Radiographers and Royal College of Radiologists, 1998

[5] Protection of Pregnant Patients during Diagnostic Medical Exposures to ionising radiation. Advice from the Health Protection Agency, The Royal College of Radiologist and the College of Radiographers, March 2009

[6] Hart D, Hillier MC and Wall BF, 'Doses to Patients from Radiographic and Fluoroscopic X-ray Imaging Procedures in the UK – 2005 Review', Chilton, HPA-RPD-029, 2006

[7] Shrimpton PC, Hillier MC, Lewis MA and Dunn M, 'Dose from Computed Tomography (CT) Examinations in the UK – 2003 Review', Chilton, NRPB-W67, 2005

[8] ARSAC, 'Notes for Guidance on the Clinical Administration of Radiopharmaceuticals and Use of Sealed Radioactive Sources, HPA, 2006

[9] Radiation Protection 100. Guidance for protection of unborn children and infants irradiated due to parental medical exposures. European Commission (1998)

[10] EU Council Directive 2013/59/EURATOM Basic safety standards for protection against the dangers arising from exposure to ionising radiation

[11] Faculty of Sexual and Reproductive Health Care Clinical Effectiveness Unit. FSRH Guidance Contraception for Women Aged Over 40 Years. (July 2010)

[12] HSE National Consent Policy 2022 V1:

https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/consent/hse-national-consent-policy.pdf

[13] EPA Guidance for undertakings on the application of the Ionising Radiation Regulations (IRR19), June 2022.

[14] https://www.hpra.ie/homepage/about-us/report-an-issue/mdiur

Appendix 1

High Fetal Dose Procedures (see sec. 3.4)

Procedures where the 10 day rule applies

Modality	Examination	Typical fetal dose range (mGy)*	Theoretical risk of childhood cancer per examination
CT	Any CT exam involving irradiation between diaphragm and symphysis pubis including CT Abdomen, CT Pelvis, CT KUB, CT Urogram, CT Colonography, CT Aorta (Thoracic & Abdominal). Exception CT Lumbar Spine CT Elbow/ Wrist if placed near abdomen	10 - 50	1 in 1,000 to 1 in 200 Natural childhood cancer risk ~ 1 in 500
Fluoroscopy / Interventional	Relevant X-Ray guided procedures (any procedure requiring image guidance between diaphragm and symphysis pubis) in Neurovascular, General Vascular, Endo Vascular, Cardiac Fluoroscopy (Cath Lab), Endoscopy, Theatre and Studies in Fluoroscopy Room		
Nuclear Medicine ^{99m}Tc	Myocardial (SPECT stress/rest protocol)		
Nuclear Medicine SPECT CT	Any nuclear medicine SPECT CT exam involving irradiation between the diaphragm and symphysis pubis.		

***Note:** Typical fetal doses given above are taken from the EPA ORP leaflet *"Guidance on the protection of the unborn child during diagnostic medical exposures"* [1]. Additional nuclear medicine fetal doses are derived from doses to the uterus calculated from the summary of product characteristics for each examination product and only apply to early stages of pregnancy.

Appendix 2

Low Fetal Dose Procedures (see sec. 3.5)

Overdue period rule (also known as the 28 day rule)

Modality	Examination	Typical fetal dose range (mGy)*	Theoretical risk of childhood cancer per examination
CT	Lumbar Spine	1.0 - 10	1 in 10,000 to 1 in 1,000
X-ray	Lumbar Spine		
X-ray	Abdomen		
^{99m}Tc	Bone Scan Planar/SPECT		
^{99m}Tc	Cardiac blood pool scan		
^{99m}Tc	Cerebral Blood Flow Scan (Exametazine)		
^{99m}Tc	Myocardial Scan		
^{99m}Tc	Cardiac Blood Pool Scan		
^{99m}Tc	Renal Scan (DTPA)		
^{99m}Tc	Mag 3		
^{99m}Tc	Abdo Meckels		
^{99m}Tc	HIDA		
^{99m}Tc	Parathyroid Imaging		
^{99m}Tc	GI Bleed		
^{123}I	Ioflupane (Datscan)		
^{123}I	MIBG		
^{111}In	Octreotide (Octreoscan)		
^{111}In	Cisternography		

*__Note:__ Typical fetal doses given above are taken from the EPA ORP leaflet *"Guidance on the protection of the unborn child during diagnostic medical exposures"* [1]. Additional nuclear medicine fetal doses are derived from doses to the uterus calculated from the summary of product characteristics for each examination product and only apply to early stages of pregnancy.

Appendix 3

Non Applicable Procedures (i.e. examinations where fetal dose is < 1mGy)*

Modality	Examination	Typical fetal dose range (mGy)*	Theoretical risk of childhood cancer per examination
X-ray	Skull	0.001 – 1.0	< 1 in 1,000,000 to 1 in 10,000
X-ray	Teeth		
X-ray	Chest		
X-ray	Thoracic Spine		
X-ray	Breast (Mammography)		
X-ray	All extremities		
X-ray	Pelvis		
X-ray	Hip		
CT	Head and/or Neck		
CT	Pulmonary Angiogram		
CT	Chest		
CT	Cardiac Angiogram		
CT	Pelvimetry		
CT	Extremities (unless elbow/ wrist positioned near abdomen)		
^{99m}Tc	Thyroid Scan		
^{99m}Tc	Lung Perfusion Scan		
^{99m}Tc	DMSA		
^{99m}Tc	Exametazine labelled leucocytes		
^{99m}Tc	Liver/Spleen		
^{99m}Tc	Technegas		
^{99m}Tc	Sentinal Node Breast		

***Note:** Typical fetal doses given above are taken from the EPA ORP leaflet *"Guidance on the protection of the unborn child during diagnostic medical exposures"* [1]. Additional nuclear medicine fetal doses are derived from doses to the uterus calculated from the summary of product characteristics for each examination product and only apply to early stages of pregnancy.

Pregnancy Status Declaration Form (Adult)

Patient Name			
DOB	___/___/_____	Procedure	
MRN		Date	___/___/_____

1. To be completed by all patients undergoing a low or high fetal dose procedure			
Explanation of the risks associated with this procedure			
I have to ask because radiation exposure in pregnancy may slightly increase the risk of childhood cancers above the natural baseline level			
Is there any possibility that you could be pregnant?	Yes [ ]	No [ ]	Don't Know [ ]
The first day of my last menstrual period was:	___/___/_____		

2. To be completed by the patient if she has missed a period, if periods are absent or in the case of a high fetal dose procedure, the date of her LMP does not fall within the last 10 days	
Relevant information that may assist in ruling out pregnancy (tick as appropriate)	
No intercourse since last normal menses	
Hysterectomy or Bilateral Oophorectomy (surgical removal of both ovaries)	
Postmenopausal (no menstrual periods for 1 year for women > 50 and 2 years for women < 50) or < 4 weeks Postpartum	
A patient is correctly and consistently using an acceptable method of contraception (see below)	
Other Reason	

3. Patient Signature	
4. Staff Member Signature	

Acceptable Methods of Contraception

- Insertion of the contraceptive implant (Implanon) within the previous 3 years
- Insertion of the levonorgestrel Intrauterine System (IUS) (Mirena or Kyleena) within the previous 5 years
- Insertion of the Jaydess IUD within the previous 3 years
- Insertion of the Copper Coil IUD within the previous 5-10 years (depending on expected life of coil)
- Depo-provera injection within the previous 3 months
- Tubal Ligation
- Consistent and correct use of a Combined Oral Contraceptive Pill / Progesterone Only Pill / Transdermal Contraceptive Patch (Evra) / Combined vaginal ring (Nuvaring) within the past 1 month

Rejustification Form (Adult)

Patient Name			
DOB	___/___/_____	Procedure	
MRN		Date	___/___/_____

1. To be completed by the Referrer/Practitioner if the patient is pregnant or pregnancy <u>cannot</u> be ruled out			
This procedure has been deemed clinically urgent and justified			
Signature:		MCRN	

2. To be completed by the Patient if she is pregnant or pregnancy <u>cannot</u> be ruled out	
The benefits and risks associated with this procedure have been explained to me and I consent to proceed	
Signature:	

Pregnancy Status Declaration Form (Paediatric)

Patient Name			
DOB	___/___/_____	Procedure	
MRN		Date	___/___/_____

1. To be completed by the Parent/Guardian of a patient undergoing a low or high fetal dose procedure			
Explanation of the risks associated with this procedure			
We are legally obliged to establish your child's pregnancy status in advance of this procedure. Radiation exposure of an unborn child may slightly increase the risk of childhood cancer. It is very important that you inform staff performing the procedure if there is **<u>any</u>** possibility your child is pregnant			
Has your child begun menstruating? If No, please proceed to the end of the form and sign	Yes [ ]	No [ ]	
Is there any possibility your child may be pregnant?	Yes [ ]	No [ ]	Don't Know [ ]
If pregnant, how many weeks?			
The first day of your child's last menstrual period was:	___/___/_____		

2. Parent/Guardian Signature	
3. Staff Member Signature	

Rejustification Form (Paediatric)

Patient Name			
DOB	___/___/_____	Procedure	
MRN		Date	___/___/_____

1. To be completed by the Prescriber/Practitioner if the patient is pregnant or pregnancy <u>cannot</u> be ruled out			
This procedure has been deemed clinically urgent and justified			
Signature:		MCRN	

2. To be completed by the Parent/Guardian if the patient is pregnant or pregnancy <u>cannot</u> be ruled out	
The benefits and risks associated with this procedure have been explained to me and I consent to proceed	
Signature:	