

CTKUB FACSIMILE INVESTIGATION FORM (version 7)

This is a referral for ADULT CTKUB, a specific test for renal and ureteric stone disease, which is not of sufficient diagnostic sensitivity to exclude other abdominal pathology.

Please provide all the Information (Unless all the boxes are ticked the referral will be rejected)

UROLOGY FAX NUMBER: 023 8120 6620

This is a 6-week referral pathway

Clinical Summary:

Inclusion Criteria (All) need to be met to access the pathway:

- 1. History of loin to groin pain or pain suggestive of renal colic
- 2. Microscopic haematuria
- 3. Urine dip negative for infection

Side: Left Right

Sex: Male Female

Age

NHS No.

Hospital No: Hospital Number

Surname: Surname

First Name: Given Name

DoB: Date of Birth

Sex: Gender

Home Tel No: Patient Home Telephone

Mobile Tel No: Patient Mobile Telephone

Address

Home Full Address (stacked)

Title: Title Previous Name: Previous

Surname

Referring Doctor:

Registered GP Title Registered GP Forenames

Registered GP Surname

GMC No:

GP Address/Tel No/Fax No:

Tel No:

Fax No:

Preferred approx appointment time:

Appointment confirmed as: (office use only)

The associated questions are MANDATORY and if the responses are not filled in, or the patient does not fit the inclusion criteria (Answers to 1-3 must be Yes, and to 4 must be No), the referral will be returned as inappropriate.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Does the examination request meet the Clinical Radiology Guidelines for Doctors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you excluded intra abdominal pathology/sepsis and leaking AAA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the patient male >18 years or female>30 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the patient pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Date of LMP? | | |
| 6. Does the patient require assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
- (Urgent patients requiring transport may experience a delay with their appointment time)

Date & place of previous images:

GP signature:

Urology Consultant (on-call) counter signature:

Radiology department referral location: RHM01CTGPK

Please note: The Urology department takes no responsibility for the results of the scan irrespective of the findings of the scan. If there is urological stone disease, the patient should be referred to the 'Urology Stone Clinic'.