



### X ray Request Form for study team

Practice Name.....

GP/Nurse Name.....

Recruit name .....

Patient ID please use label

DATE OF BIRTH

d	d	m	m	y	y	y	y

DATE OF REFERRAL

d	d	m	m	y	y	y	y

**Please tick the relevant box(es)**

Referred for X ray

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<b>Yes</b>	<b>No</b>
<input type="radio"/>	<input type="radio"/>

**INSTRUCTIONS**

Please complete the ARTIC PC Xray requisition form and send it to your local hospital they will be expecting participants. If you normally book an appointment please continue to do so reminding the x ray team the request is for the ARTIC PC research project and our preference is for the image to be taken within 3 days where ever possible.

Please make sure that the Requisition Form is filled in completely and legibly and sent to the local hospital. If an error is made, cross out the mistake, write the correct information and initial and date the change.

This form is sent back to the study team, post this to the ARTIC PC Trial coordinator, Aldermoor Health Centre, Aldermoor Close, Southampton SO16 5ST or scan and fax to 023 8000 2380 with the consent.