****

**Appendix 3**

**Form B: Justification of patients suspected or are pregnant undergoing diagnostic radiation exposure.**

**IR(ME)R PRACTITIONER**

I confirm that acting as an IR(ME)R practitioner I have reviewed the justification and risk alongside the clinical history and clinical question for the below requested investigation using ionising radiation on the below named patient, who may be / is pregnant. I confirm that in my opinion the test is justified/low risk and should be performed at this time.

Operator to complete

**Investigation requested** ...................................................... **Date requested** ..........................

**Patient Name:** ............................................................. **Date of birth:** ........................

**PID/NHS number:** .............................................................

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Practitioner to complete after Authorisation

**Signature of IR(ME)R Practitioner:** **Date:** ............................

.............................................................

**Print name of IR(ME)R Practitioner:** **Position:** ......................................................

.............................................................

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In the event of remote Practitioner Authorisation the Operator must fill in the belowdetails before exposure is performed.

**IR(ME)R Practitioner Name** .............................................................

**IR(ME)R Practitioner position** .............................................................

I confirm justification and authorisation has taken place by the IR(ME)R Practitioner in relation to the exposure of ionising radiation and verbal agreement to proceed has been obtained

**Signature of IR(ME)R Operator** .............................................................

**Date** ............................ **Time** ............................