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| CFMM – Incidental Findings Review Form*(For Radiology)* |

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| *Incidental findings* are defined as previously undiagnosed medical conditions that are discovered unintentionally and may have health implications for the participant but are unrelated to the current medical condition or reason for which the individual is being treated or undergoing the MRI procedure. An incidental finding does not constitute a clinical diagnosis. Research MRI scans are a leading source of incidental findings. A recent study reported that 2.2% of research MRI brain scans yielded an incidental finding.11 *Orme NM, Fletcher JG, Siddiki HA, et al. Incidental Findings in Imaging Research: Evaluating Incidence, Benefit, and Burden. Arch Intern Med. 2010;170(17):1525-1532*. |

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| Contact Information: |
| Principal Investigator:  | Email:       |
| Department:       | Campus Extension:       |

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| Please also indicate the following: |
| Study Name:       |
| Date of Study:       |
| Participant Name:       |
| Participant Date of Birth:       |
| Participant Health Card Number:       |
| In a brief summary, please describe the incidental finding noted, including the scan sequence and area in which it was observed:       |

\*This form, along with page 3 of this document (Request for Guest Image Uploading) can be sent with a DVD containing all pertinent image acquisitions to LHSC for a consultative read by one of the local radiologists\*



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| CFMM – Incidental Findings Review Form*(One copy to PI and one to the CFMM)* |

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| Contact Information: |
| Principal Investigator:  | Email:       |
| Department:       | Campus Extension:       |

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| Please also indicate the following: |
| Study Name:       |
| Date of Study:       |
| Participant Study ID:       |
| Which Radiologist will be performing the read?:       |
| Date the image data was left with Radiologist:       |
| In a brief summary, please describe the incidental finding noted, including the scan sequence and area in which it was observed:       |

Department of Medical Imaging

Film Service

800 Commissioners Rd. E.

P.O. Box 5010

London, ON N6A 5W9

519-685-8500 Ext. 58298

**Request for Guest Image Uploading**

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| --- | --- |
| Date of Request: |  |
| Patient Name: |  |
| D.O.B.: |  |
| MRN#: |  |
| Exam Description: |  |
| Referring Facility: |  |
| Requested by: | Dr. Service:Signature: |
| Reason for Request: | Incidental finding noted on a research scan performed at the Robarts Research Institute |
| Request Approved by Radiologist: | Dr. Signature: |
| Medical Imaging Comments: |  |

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| **FILE ROOM USE ONLY** |
| **Order placed in RIS** | YES | NO |
| **Request Uploaded From** | CD | FILM |
| **Date of Upload:** |  |
| **Upload Completed By:** |  |