

APPENDIX 1: MRI SCREENING FORMS AND ASSESSMENT FORM

FORM A: BSP MRI screening request (To be sent to the MRI service undertaking the procedure)

For MRI use	Date received:	Reference:
--------------------	-----------------------	-------------------

For BSP use	Location:	Hospital code:
(Affix return address label here)		

Client details

Surname:

Forenames: Date of birth:

Hospital number:

SX number: NHS number:

Address:

Telephone No 1: Telephone No. 2:

Ethnic origin code: Year mastectomy performed (right): (left):

GP name:

GP address:

MRI appointment

Appointment date: Time:

Appointment note:

Status: Booked Attended Attended not screened
 Not attended MRI contraindicated

Status comment: (Use this space to enter free text about the appointment)

FORM C: BSP MRI screening request (to be used if results were abnormal and further examination of the MRI is needed)

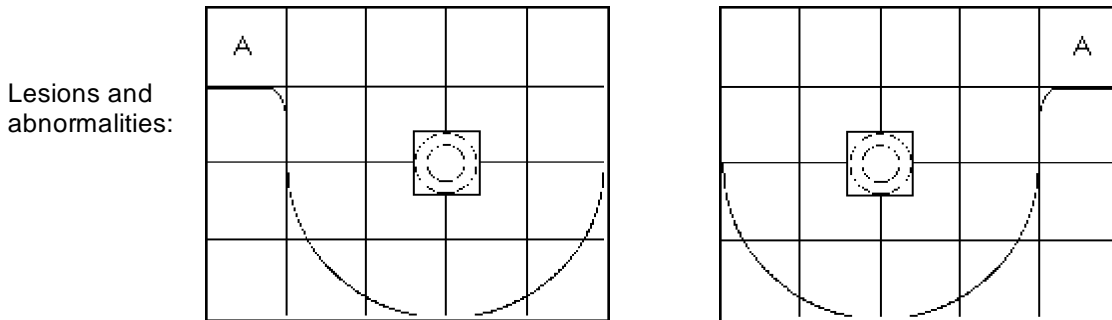
Client details

Surname: -----
 Forenames: ----- Date of birth: -----
 Hospital number: -----
 SX Number: ----- NHS number: -----

MRI assessment results (complete a separate form for each lesion, as multiple lesions will be recorded by NBSS)

Date performed: ----- Location name or code: ----- Clinician name or code: -----

Side Assessed: Right Left



Lesion or abnormality

Background enhancement: Widespread Moderate Low
 Homogenous Heterogenous
 Rim Central

Segmental enhancement: Segmental Non segmental

Enhancement curve: Type I Type II Type III

Mass: Benign Intermediate Suspicious None

Morphology: Smooth Well defined Lobulated Spiculate

Size (mm): -----

Axilla Normal: Normal Abnormal

MRI Lesion notes:

MRI Lesion description: -----

Type of site: Single Multiple

Opinion: G1 Normal G2 Benign G3 Uncertain G4 Suspicious G5 Malignant

(NB Opinion codes are consistent with NBSS. 'G' is used because NBSS already uses 'M' for mammography.)