



RACER

Robotic Arthroplasty:
A Clinical and cost Effectiveness
Randomised controlled trial

Trial Number

Imaging Pack

This pack contains the imaging instructions, Case Report Forms and study procedures for the RACER study. If you have any queries please contact the central study team at:

Racer@warwick.ac.uk

*Please ensure that consent has been obtained in line with the current consenting procedures in the RACER protocol and that the participant has been registered in the study prior to having their initial CT Scan

Form to be completed after CT Scans:

Imaging Form

Please ensure the Radiology team have a copy of the Imaging manual at each CT scan appointment and are aware of the RACER study requirements prior to performing the participants CT Scans.

Imaging Form



TNO:

Initials:

Site code:

1. Pre-op CT SCAN

1a) Initial or Repeat CT Scan? Initial Repeat

If repeat, please specify reason

1b) Date of CT Scan

d	d	-	m	o	n	-	y	y	y	y
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1c) Please specify the knee which was investigated

Right Knee Left Knee

1d) Has this CT scan been performed as per protocol?

Yes No

If No, please provide detail below:

1e) Has a serious adverse event occurred associated with this appointment?

Yes* No

**If Yes, please report accordingly within RACER*

Protocol timelines

Form Completed by (print name):

.....

Signature:

Date signed:

d	d	-	m	o	n	-	y	y	y	y
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2. Post-op CT SCAN

2a) Initial or Repeat CT Scan? Initial Repeat

If repeat, please specify reason

2b) Date of CT Scan

d	d	-	m	o	n	-	y	y	y	y
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2c) Please specify the knee which was investigated

Right Knee Left Knee

2d) Has this CT scan been performed as per protocol?

Yes No

If No, please provide detail below:

Form Completed by (print name):

Signature:

Date signed:

d	d	-	m	o	n	-	y	y	y	y
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3. Post-op long leg X-RAY

3a) Initial or Repeat X-Ray? Initial Repeat

If repeat, please specify reason

3b) Date of X-Ray

d	d	-	m	o	n	-	y	y	y	y
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3c) Please specify the knee which was investigated

Right Knee Left Knee