

# Imaging Form



Site code:

TNO:

Initials:

## 1. Pre-op CT SCAN

1a) Initial or Repeat CT Scan?  Initial  Repeat

*If repeat, please specify reason*

1b) Date of CT Scan

-    -

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:   -    -

## 2. Post-op CT SCAN

2a) Initial or Repeat CT Scan?  Initial  Repeat

*If repeat, please specify reason*

2b) Date of CT Scan

-    -

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:   -    -

## 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

-    -

3c) Please specify the knee which was investigated

Right Knee  Left Knee