[I - Reg. 11-6-12 - B.S. 24-1-13 - art. 2] Annex 82 applicable as of 1-3-2013

Application form for a medical imaging examination (art. 17 and 17bis NGV)

One request form per clinical question is required.

Identification of patient (fill out or V.I. strip)

 Name: First name(s)

 Date of birth:

 Gender: Male Female Other

Relevant clinical information

Diagnostic question

Mandatory in case of request for Mammography and/or ultrasound at Radiology Department, campus Gasthuisberg UZ Leuven (only 1 option is possible).

 Diagnostic question.

* Palpable lesion or other clinical complaints (pain, abscess, nipple discharge,...)
* Investigation after abnormal screening exam

 Follow-up

* Annual follow-up after breastcancer therapy (<10y after last treatment)
* (Two-)annual follow-up after breastcancer therapy (>10y after last treatment)
* Follow-up B2 or B3 lesion
* Short-term follow-up axillary lymph nodes

 Screening

* High-risk screening (genetic/family risk, increased breast cancer risk (IBIS calculator))
	+ exclusion of history of
	+ breast cancer treatment
* Population based breast cancer screening Belgium (between 50-69y)
* Opportunistic screening

 Other specify:

Relevant additional information

 Allergy Diabetes Renal insufficiency Pregnancy Implant

 Other:

Proposed research



Previous relevant examination(s) related to the diagnostic question.

 CT MR RX Ultrasound Other: Unknown

Stamp prescriber indicating surname, first name, address and RIZIV number.

Date :

Signature :

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