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**UNIVERSITY OF WASHINGTON IMAGE GALLERY INTAKE FORM**

**Fill out one intake form completely for each type of equipment requested and return to** mcsos@uw.edu;

**Name of Group/Specialty/Clinic (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of person submitting form and contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name email Phone**

1. **Device/Equipment Information**
* What type of device/equipment is it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Location of device/equipment [ ] HMC [ ]  UWMC [ ]  SCCA [ ]  ROOS [ ]  ESC [ ]  OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How is PHI captured with this image? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Image Format being stored [ ]  DICOM [ ]  JPEG [ ]  PDF [ ]  PNG [ ]  TIFF [ ]  MOV [ ]  AVI
[ ]  OTHER \_\_\_\_\_\_
* **For DICOM images:**
* Modality Type [ ] CR [ ] DR [ ] RF [ ] XA [ ] MRI [ ] CT [ ] US [ ] OT [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Application Entity Title (AET) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* IP Address \_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_
* Port \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Modality Work list Y/N
1. **Storage Requirements**
* Are there historical images that you would like stored? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Expected Volume: [ ]  Weekly\_\_\_\_\_\_\_\_\_\_\_ [ ]  Monthly\_\_\_\_\_\_\_\_\_\_\_ [ ]  Yearly\_\_\_\_\_\_\_\_\_\_\_
* Average Size of single image: [ ]  1-3MB [ ]  5-10MB [ ]  Over 10MB
* Compression: [ ]  Non Compressed [ ]  Compressed
* How do you expect to transfer the information into Image Gallery? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Retention Requirements [ ]  1- 2 Years [ ]  3 Years [ ]  5 Years [ ]  More than 5 Years
* Images will be stored locally. You have an option to store a second copy. Are you interested in finding out more? [ ]  Yes [ ]  No
1. **PHI and other information to be stored. Please check all that apply.**

**\*Indicates required.**

**\***[ ]  Patient Name **\***[ ]  MRN [select all that apply] -- [ ]  EPI# [ ]  H# [ ]  U#

**\***[ ]  DOB [ ]  Age **\*** [ ]  Sex

**\***[ ]  Study Date/Time **\***[ ]  Study Description

 [ ]  Patient Location [ ]  Department Location

 [ ]  Ordering Physician [ ]  Requesting Physician [ ]  Attending Physician

 [ ]  Acquisition Device Name [ ]  Manufacturer of Device

* Will Order numbers need to transfer? [ ]  Yes [ ]  No If Yes, explain how\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **Designated Administrational Person’s Contact Information**

*This person will be the main contact for emails sent for planned and unplanned downtimes, upgrades, and other notifications.*

* Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Clinic/Department Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Person’s Location [ ]  HMC [ ]  UWMC [ ]  SCCA [ ]  ROOS [ ]  ESC [ ]  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **In addition to the administrative person listed above, who would need to be contacted for Image Gallery downtimes, upgrades, etc? \*These users will also get access to Image Gallery.**

|  |  |  |  |
| --- | --- | --- | --- |
| **User Name** | **User Role** | **User Phone** | **User Email** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Users needing access to Image Gallery that do not need email updates:**

|  |  |
| --- | --- |
| **User Name** | **User Role** |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Clinical Engineering – Did you contact CE? Who and When?**

|  |  |
| --- | --- |
| **User Name** | **Date** |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Describe your current workflows (how do you acquire images and how do you send them Ex: acquire images by phone and store on PC then Push to PAC. Do you take stills & video?)**

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1. **Do you already access images? How?**[ ]  Epic [ ]  ORCA [ ]  Mindscape URL (direct) [ ]  Other

|  |
| --- |
| **Section below to be filled out by Radiology IT** |

1. **What options are we looking at as possible means of image transfer?**

[ ]  Media Manager [ ] Media Manager web

[ ]  DICOM [ ]  HL7

[ ]  Mobile [ ]

1. **What would a future workflow look like?**

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1. **What reporting needs would they have?**

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1. **Can we meet their needs?** [ ]  **Yes** [ ]  **No**

**Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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