

<AFFIX PATIENT IDENTIFICATION LABEL HERE>

Full Name:

DOB:

Sex:

Address:

Phone/Mobile:

Medicare:

Aboriginal/Torres Strait Islander origin:

- ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander  
☐ Prefer not to answer ☐ Yes, both Aboriginal and Torres Strait Islander

## Imaging Request

P: (03) 8405 9600 | E: niv.reception@nh.org.au

Appointment Date & Time (NIV Use Only):

Interpreter required? ☐ Yes ☐ No  
Language requested:

### Clinical Information

**Eligibility for Lung Cancer Screening. Is your patient:**

- ☐ 50 - 70 years **and**  
☐ Currently smoking or quit within 10 years **and**  
☐ History of at least 30 packs per year **and**  
☐ No signs or symptoms of lung cancer

If diagnostic chest CT has been performed for other reasons in the last 12 months, or is booked in the next 3 months, **defer start of screening until 12 months** from that scan.

If recent symptomatic lung infection, **defer screening for 3 months**.  
Refer to the [NLCSP Program Guidelines](#) for full details.

**Type of screening test:**

- ☐ **New NLCSP participant:**  
Is there a family history of lung cancer? (parents, siblings or children) ☐ Yes ☐ No  
or  
☐ **Routine screening** following prior very low risk NLCSP LCDT scan Date scan required:  
or  
☐ **Interval Scan** to monitor previous findings (select one)  
☐ 1 month interval ☐ 2 month interval ☐ 3 month interval ☐ 6 month interval ☐ 12 month interval (as per LDCT report)  
Date scan required:

☐ Any previous chest CT

Date (if known): Radiology provider/ location (if known):

☐ History of **any cancer** and / or other significant history (if yes, please provide details)

☐ Details of any previous NLCSP Category 5/6 outcomes:

### Requesting Doctor (All fields **MUST** be completed)

Requestor: ☐ GP/ Other Specialist ☐ Registrar ☐ HMO /Intern ☐ Nurse Practitioner

Copy Results to:

Full name: Provider no:

Contact:

Treating Consultant:  
(hospital or nurse requests)

Treating Unit/Specialty:  
(hospital or nurse requests)

Signature: Date:

Please contact our team on (03) 8405 9600 if you require digital access to images and results

Your doctor has recommended you to use **Northern Imaging Victoria**.  
Please discuss with your doctor before choosing a different imaging provider.

**Northern Hospital Epping** 185 Cooper Street, Epping  
Ph: (03) 8405 9600

**Broadmeadows Hospital** 35 Johnstone Street, Broadmeadows  
Ph: (03) 8345 5707

**Bundoora Centre** 1231 Plenty Road, Bundoora  
Ph: (03) 9495 3100 | **Inpatient services only**

**Kilmore District Hospital** 1 Anderson Road, Kilmore  
Ph: (03) 5734 2146

**Craigieburn Centre** 121 Lygon Drive, Craigieburn  
Opening the 29th of September 2025

X-ray	Ultrasound	CT	MRI	Mammography	Nuclear Med.	PET/CT Scan	OPG	Fluoroscopy	Angiography
●	●	●	●	●	●	●	●	●	●
●	●	●	●						
●									
●	●	●							
●	●	●							

## Diagnostic Imaging Use Only

### Patient identification & procedure matching

☐ Full name ☐ D.O.B. ☐ Address

Correct examination: ☐ Y ☐ N

Correct side / site: ☐ Y ☐ N ☐ N/A

☐ Ward / Staff / Relative assisted with patient identification

The following processes have been confirmed prior to commencing:

☐ Justification ☐ Optimisation ☐ Approval ☐ Consent

Name & Position:

Signature:

### Patient Pregnancy & Breastfeeding Checklist

Pregnancy Status: ☐ Y ☐ N

Gestational age: .....

LMP: .....

Breastfeeding: ☐ Y ☐ N ☐ N/A

Patient signature:

## Technologist notes

## Eligibility Criteria

Eligibility for the NLCSP includes participants who are 50-70 years old, currently smoking or quit within 10 years, having a history of at least 30 pack-years, and no signs or symptoms of lung cancer.

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