Radiation justification record

Form | RAD-FRM-001

Document type	Form
Title	Radiation justification record
Document ID	{{facility.code}}-RAD-FRM-001
Version and status	1.0 | Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 50 (Diagnostic Imaging), criterion 50.1
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

Use this form when

Records the clinical justification for each study that uses radiation, and the dose set for it.

1. How to complete

- Record the clinical question the study answers.
- Record why the radiation study is needed and why a non-radiation option was not used.
- Record the protocol and the dose set.

2. Items to check

#	Item	Standard or evidence	Yes	No	N/A	Action if No
1	Clinical question	Yes	[ ]	[ ]	[ ]	Action and who to tell
2	Justification for radiation	Yes	[ ]	[ ]	[ ]	Action and who to tell
3	Non-radiation option considered (yes or no)	Yes	[ ]	[ ]	[ ]	Action and who to tell
4	Protocol and dose set	Yes	[ ]	[ ]	[ ]	Action and who to tell
5	Justified by (name and date)	Yes	[ ]	[ ]	[ ]	Action and who to tell

Completed by (name and role): _____ Date/time: _____ Signature: _____

3. Evidence

ID	Source and status
E-006	ASF Policy Framework v1.2. Adapted.

ID	Source and status
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus.

4. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval