



## Radiology Consultation Form

For consultation or enrollment in the PPB/DICER1 Registry

### Provider Submitting Materials:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Referring Institution: \_\_\_\_\_

Address/City/State/Zip/Country: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Specialty/ Relation to Patient: \_\_\_\_\_

### Patient Information

Patient Name (last, first): \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Diagnosis Date/ Date of Detection (mm/dd/yyyy): \_\_\_\_\_

Diagnosis/ Suspected Diagnosis: \_\_\_\_\_

Patient's Clinical History/Surgical History: \_\_\_\_\_

Scan date:					
Modality:					

### Clinical Question(s):

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Imaging studies be sent to the Registry on a CD or via the PowerShare application (as Children's Hospitals and Clinics of Minnesota).

If uploading images via PowerShare, please securely email a copy of this form to [DICER1@childrensMN.org](mailto:DICER1@childrensMN.org) or fax to 612-813-7108.

If mailing an imaging CD, you may ship using our FedEx account # 659273071, Reference # 20435-30024 to:

International PPB/DICER1 Registry  
Attn: Radiology consult  
910 E. 26<sup>th</sup> St.  
Mail Stop 40-LL08  
Minneapolis, MN 55404

**PLEASE NOTE:** in some situations a local Fed Ex office may list the Registry's account under one of these names: 1). Cardinal Health, 2). OptiFreight, or 3). HCM Children's Hospitals & Clinics  
**Once shipping is scheduled, email tracking information to [Dicer1@childrensmn.org](mailto:Dicer1@childrensmn.org)**

Please include a complete copy of radiology report(s) with your submission.



910 E. 26th St., Suite LL08 Minneapolis, MN 55404  
P: (612) 813-7121 F: (612) 813-7108

