



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):

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 or fax to 612-813-7108.

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

Children's Minnesota
International PPB/DICER1 Registry
Attn: Radiology consult
2545 Chicago Ave.
Suite 515
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

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

