**[](https://hub.exe.nhs.uk/_resources/assets/attachment/full/0/182262.png)**

**PCN Application and Entitlement for New Entry to the non-Medical Referrer Duty Holder Register Under Ionising Radiation (Medical Exposures) Regulations 2017 at the**

**Royal Devon University Healthcare NHS Foundation Trust (Eastern Services)**

**Please complete this form if you wish to refer patients for Radiological examinations under Eastern Services of the Royal Devon University Healthcare NHS FT.**

|  |  |
| --- | --- |
| **non-Medical Referrer details:** | |
| **Date of application** |  |
| **Name** |  |
| **Job Role** |  |
| **Professional Registration Number (HCPC, NMC, etc)** |  |
| **Email address** |  |
| **Name of GP Practice & line manager** |  |
| **Have you completed IR(ME)R e-learning and face to face training?** | *If yes, please provide training provider, dates and certificates* |
| **Is your request for entitlement under an existing protocol?** | **Yes, Devon PCN NMR Protocol** |
| **Responsible Clinician (the Consultant or GP Partner taking overall responsibility of the protocol)** | *Please provide a name and contact email of the Doctor who will supervise your practice*  *Name:*  *GMC Registration:*  *Role:*  *Email:* |
| **Details of patient groups and examinations** | |
| **Patient cohort to be referred** | **Please note, pregnant patients are excluded from the PCN Protocol** |
| **Will you be referring paediatric patients?** | **No, patients under 18 are not covered by the PCN Protocol** |
| **Will you be referring patients as part of research trials?** | **No, the PCN Protocol does not cover clinical trials or research** |
| **Examination** | **Clinical Indications** |
| **Devon PCN NMR Protocol** | **Devon PCN NMR Protocol** |

**Please return complete form to:** [**rduh.radiology-eastern@nhs.net**](mailto:rduh.radiology-eastern@nhs.net) **FAO: Eastern Services Imaging Quality and Accreditation Facilitator**