

Your Name: _____ Date: _____

SeaRad RadPeer Evaluation Form

	Reviewed Physician	Modality	Category	Ped? ≤ 18	Onc? (Y/N)	Score (Circle as many as appropriate)	Location where prior exam was	Accession* (If Score >1)	Please comment If score of 2, 3, 4 or D'
1		CT IR MR Mam NM PET US XR	Abd Br CV CH GU MSK Neu ObG Vasc			1 2a 2b 3a 3b 4a 4b Ta ¹ Tb ¹ D ² O ³ 1x ⁴ TF ⁵	<input type="checkbox"/> FHDI <input type="checkbox"/> MJ <input type="checkbox"/> OPA <input type="checkbox"/> SOC <input type="checkbox"/> SR <input type="checkbox"/> TEC <input type="checkbox"/> SMC-FH <input type="checkbox"/> SMC-CH <input type="checkbox"/> SMC-PET <input type="checkbox"/> SMC-MCr <input type="checkbox"/> SMC-Rd		
2		CT IR MR Mam NM PET US XR	Abd Br CV CH GU MSK Neu ObG Vasc			1 2a 2b 3a 3b 4a 4b Ta ¹ Tb ¹ D ² O ³ 1x ⁴ TF ⁵	<input type="checkbox"/> FHDI <input type="checkbox"/> MJ <input type="checkbox"/> OPA <input type="checkbox"/> SOC <input type="checkbox"/> SR <input type="checkbox"/> TEC <input type="checkbox"/> SMC-FH <input type="checkbox"/> SMC-CH <input type="checkbox"/> SMC-PET <input type="checkbox"/> SMC-MCr <input type="checkbox"/> SMC-Rd		
3		CT IR MR Mam NM PET US XR	Abd Br CV CH GU MSK Neu ObG Vasc			1 2a 2b 3a 3b 4a 4b Ta ¹ Tb ¹ D ² O ³ 1x ⁴ TF ⁵	<input type="checkbox"/> FHDI <input type="checkbox"/> MJ <input type="checkbox"/> OPA <input type="checkbox"/> SOC <input type="checkbox"/> SR <input type="checkbox"/> TEC <input type="checkbox"/> SMC-FH <input type="checkbox"/> SMC-CH <input type="checkbox"/> SMC-PET <input type="checkbox"/> SMC-MCr <input type="checkbox"/> SMC-Rd		
4		CT IR MR Mam NM PET US XR	Abd Br CV CH GU MSK Neu ObG Vasc			1 2a 2b 3a 3b 4a 4b Ta ¹ Tb ¹ D ² O ³ 1x ⁴ TF ⁵	<input type="checkbox"/> FHDI <input type="checkbox"/> MJ <input type="checkbox"/> OPA <input type="checkbox"/> SOC <input type="checkbox"/> SR <input type="checkbox"/> TEC <input type="checkbox"/> SMC-FH <input type="checkbox"/> SMC-CH <input type="checkbox"/> SMC-PET <input type="checkbox"/> SMC-MCr <input type="checkbox"/> SMC-Rd		
5		CT IR MR Mam NM PET US XR	Abd Br CV CH GU MSK Neu ObG Vasc			1 2a 2b 3a 3b 4a 4b Ta ¹ Tb ¹ D ² O ³ 1x ⁴ TF ⁵	<input type="checkbox"/> FHDI <input type="checkbox"/> MJ <input type="checkbox"/> OPA <input type="checkbox"/> SOC <input type="checkbox"/> SR <input type="checkbox"/> TEC <input type="checkbox"/> SMC-FH <input type="checkbox"/> SMC-CH <input type="checkbox"/> SMC-PET <input type="checkbox"/> SMC-MCr <input type="checkbox"/> SMC-Rd		
6		CT IR MR Mam NM PET US XR	Abd Br CV CH GU MSK Neu ObG Vasc			1 2a 2b 3a 3b 4a 4b Ta ¹ Tb ¹ D ² O ³ 1x ⁴ TF ⁵	<input type="checkbox"/> FHDI <input type="checkbox"/> MJ <input type="checkbox"/> OPA <input type="checkbox"/> SOC <input type="checkbox"/> SR <input type="checkbox"/> TEC <input type="checkbox"/> SMC-FH <input type="checkbox"/> SMC-CH <input type="checkbox"/> SMC-PET <input type="checkbox"/> SMC-MCr <input type="checkbox"/> SMC-Rd		
7		CT IR MR Mam NM PET US XR	Abd Br CV CH GU MSK Neu ObG Vasc			1 2a 2b 3a 3b 4a 4b Ta ¹ Tb ¹ D ² O ³ 1x ⁴ TF ⁵	<input type="checkbox"/> FHDI <input type="checkbox"/> MJ <input type="checkbox"/> OPA <input type="checkbox"/> SOC <input type="checkbox"/> SR <input type="checkbox"/> TEC <input type="checkbox"/> SMC-FH <input type="checkbox"/> SMC-CH <input type="checkbox"/> SMC-PET <input type="checkbox"/> SMC-MCr <input type="checkbox"/> SMC-Rd		
8		CT IR MR Mam NM PET US XR	Abd Br CV CH GU MSK Neu ObG Vasc			1 2a 2b 3a 3b 4a 4b Ta ¹ Tb ¹ D ² O ³ 1x ⁴ TF ⁵	<input type="checkbox"/> FHDI <input type="checkbox"/> MJ <input type="checkbox"/> OPA <input type="checkbox"/> SOC <input type="checkbox"/> SR <input type="checkbox"/> TEC <input type="checkbox"/> SMC-FH <input type="checkbox"/> SMC-CH <input type="checkbox"/> SMC-PET <input type="checkbox"/> SMC-MCr <input type="checkbox"/> SMC-Rd		
9		CT IR MR Mam NM PET US XR	Abd Br CV CH GU MSK Neu ObG Vasc			1 2a 2b 3a 3b 4a 4b Ta ¹ Tb ¹ D ² O ³ 1x ⁴ TF ⁵	<input type="checkbox"/> FHDI <input type="checkbox"/> MJ <input type="checkbox"/> OPA <input type="checkbox"/> SOC <input type="checkbox"/> SR <input type="checkbox"/> TEC <input type="checkbox"/> SMC-FH <input type="checkbox"/> SMC-CH <input type="checkbox"/> SMC-PET <input type="checkbox"/> SMC-MCr <input type="checkbox"/> SMC-Rd		
10		CT IR MR Mam NM PET US XR	Abd Br CV CH GU MSK Neu ObG Vasc			1 2a 2b 3a 3b 4a 4b Ta ¹ Tb ¹ D ² O ³ 1x ⁴ TF ⁵	<input type="checkbox"/> FHDI <input type="checkbox"/> MJ <input type="checkbox"/> OPA <input type="checkbox"/> SOC <input type="checkbox"/> SR <input type="checkbox"/> TEC <input type="checkbox"/> SMC-FH <input type="checkbox"/> SMC-CH <input type="checkbox"/> SMC-PET <input type="checkbox"/> SMC-MCr <input type="checkbox"/> SMC-Rd		

Abd = Abdomen
Br = Breast
CV = Cardiovascular
CH = Chest
GU = Genitourinary
MSK=Musculoskeletal
Neu = Neuro
OBG=Obstetric/Gynecologic
PED? = Pediatrics ≤ 18 years old
ONC? = Oncology case

a= Unlikely to be clinically significant
b= Likely to be clinically significant
1= Concur with interpretation
2= Difficult diagnosis, not ordinarily expected to be made
3= Diagnosis should be made most of the time
4= Diagnosis should be made almost every time –misinterpretation of findings.

1T = Voice recognition misadventures
2D = A discordant opinion arising in a non-routine exam
3O = Overall
41x = Normal on prior modality
5TF = Teaching File

* If no accession number, give MRN & Exam Date

FHDI = First Hill Diagnostic Imaging
MJ = Minor & James
OPA = Orthopedic Physicians Assoc.
SOC = Seattle Orthopedic Center
SR = SeaRad
TEC = The Everett Clinic
SMC-FH = Swedish First Hill
SMC-CH=Swedish Cherry Hill
SMC-PET=Swedish PET
SMC-MCr = Swedish Mill Creek
SMC-Red = Swedish Redmond