**Name:**

**RACS ID:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **UR File No** | **Hospital/Location** | **Name** | **Age** | **Sex** | **Date** | **Study/Scan Type** | **Time (mins)** | **Total Hours** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |

**Overview**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Scan Type** | **Reported** | **Performed** | **Part Performed** | **Observed** |
| Carotid duplex |  |  |  |  |
| Treadmill test |  |  |  |  |
| Lower limb arterial |  |  |  |  |
| Aorto-iliac |  |  |  |  |
| AAA |  |  |  |  |
| Graft surveillance |  |  |  |  |
| Endoluminal follow up |  |  |  |  |
| Renal |  |  |  |  |
| Mesenteric |  |  |  |  |
| DVT |  |  |  |  |
| Vein map |  |  |  |  |
| Venous insufficiency |  |  |  |  |
| Dialysis access graft |  |  |  |  |
| Upper limb venous |  |  |  |  |
| Ultrasound-guidedThrombin injection |  |  |  |  |
| Ultrasound-guided venous intervention |  |  |  |  |