

# Questionnaire for Range of Facilities from Specialists Radiology/Clinical Oncology Clinics/Centres/Departments

The College of Radiology is in the process of providing information to the public on the availability of radiology and clinical oncology services in both the Government and private facilities.

It is essential that you take the time to fill this form out as otherwise; the Directory listing would be incomplete. Please update us whenever there are changes in your range of facilities and inform us if any information published on the website may be inaccurate.  
Please fill in only relevant sections of the form.

Thank you for your cooperation.

Name of Centre/Department:

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Address: \_\_\_\_\_

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Tel: \_\_\_\_\_

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

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## Clinical Oncology (Radiotherapy) Facilities

*Please state the facilities available for treatment in Oncology – eg IMRT, 3D, Gamma Knife etc.*



Please tick if you have the following facilities:



<b>1. Plain radiography/Xray</b>	
Conventional	
Computed Radiography (CR)	
Digital Radiography (DR)	
<b>2. Fluoroscopic services</b>	
Conventional	
Digital system but spot films are on Film/Screen	
Full Digital Fluoroscopy – output on Laser/Thermal Printout	
<b>3. Ultrasound:</b>	
Grey scale only	
Duplex/Doppler	
Others – please state	
<b>4. Mammography</b>	
Analog/Conventional Screen-Film	
Computed Radiography – Mammography (CR)	
Full field Digital Mammography	
Ductography	
Stereotaxic facility – <i>Please State Digital or Otherwise</i> _____	
Hookwire localization (compression plate method)	
<b>5. CT Scan</b>	
Type:	
Spiral	
Multislice – State Number of Slices _____	
Dual Source CT	
Non Spiral	
Others: <i>Please State</i> _____	

<b><i>Special CT Scans:</i></b>	
Coronary artery calcification	
CT angiography	
CT perfusion	
Quantitative CT Densitometry	
Others, please state _____	
<b>6. MRI</b>	
Type: _____	
Open magnet – Please state Tesla _____	
Permanent magnet – Please state Tesla _____	
Superconducting magnet – Please state Tesla _____	
Special Scan modes:	
<input type="checkbox"/> Kinematic MR for joints	
<input type="checkbox"/> MRA	
<input type="checkbox"/> Contrast enhanced MRA	
<input type="checkbox"/> Diffusion	
<input type="checkbox"/> Perfusion	
<input type="checkbox"/> Functional MRI	
<input type="checkbox"/> Spectroscopy	
Others: Please state _____	
<b>7. Angiogram facilities:</b>	
Please state type: _____	
Range of Basic Angiograms Done:	
<b>8. Interventional Radiology – State range:</b>	
<input type="checkbox"/> Neurointervention	
<input type="checkbox"/> Peripheral vascular intervention	
<input type="checkbox"/> Chemoembolisation	
<input type="checkbox"/> RF ablation	
<input type="checkbox"/> Ethanol ablation	
<input type="checkbox"/> Vertebroplasty	
<input type="checkbox"/> Uterine fibroid embolisation	
Others – Please state:	
<b>9. Bone densitometry:</b>	
<input type="checkbox"/> Dual energy bone densitometry (DEXA)	
<input type="checkbox"/> Ultrasound densitometry	
<input type="checkbox"/> Quantitative CT Densitometry	

