الجامعة الاسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
يونيۋرسيتي إسلام انتارابڠسا مليسيا
Garden of Knowledge and Virtue

SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM
REQUEST FORM FOR UPLOADING DICOM IMAGES INTO PACS SYSTEM (ZFP)

NAME : _____

NRIC NUMBER : _____ AGE : _____ SEX : _____

CLINIC / WARD : _____ RN : _____

Brief summary of clinical status :

Reason for uploading the images (*please tick and fill accordingly*):

- Referral : _____ (Referral Centre)

- Academic : _____ (Please specify)

- Others : _____ (Please specify)

Requester Signature & Stamp: Date of Request:

………………………………………   …………………………..

Approved by: Requester Consultant / HOD

Signature & Stamp: ………………………………………………

Name   : ………………………………………………..

Date   : ………………………………………………

For office use only

Received by : _____   Date: _____

Uploaded by: _____   Date: _____

Taken by   : _____   Date: _____

1. The images will only be ready in ZFP system within five working days.
2. The images must be in DICOM format.