

# Clinical Application of IR(ME)R Update and Refresher

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# What do you need to know?

All documentation available on our NMR Webpage: [Non-Medical Referrers \(NMR\) \(sharepoint.com\)](#)

- Demo of the Non-Medical Referrer webpage on DCH internet
- DCH NMR Protocols
- Two step application process to be an NMR at DCH
  - Application Form with agreed Inclusion Criteria
  - IRMER Training – Offered at DCH on a quarterly basis, UHD employees can attend training there however will need to watch this presentation.
- NMR database – contains details of all NMR's and their specific protocols
- Making referrals to specific Imaging Modalities at DCH
- ICE Demo
- Maintaining Competency
  - Self Audit – initially completed within first year, every two years thereafter
  - IRMER refresher training - initially required for NMR status then refresher due every 3 years.

NMR Team :  
Sarah Landeg  
Kate Lewins  
Molly Irwin

# New protocols

Modality-based not  
Role- based

Future ICE access will be  
limited by modality

However, each  
Application/Requesting  
Agreement will be  
specific to the individual.  
Specific examinations  
listed.

Protocol Number	Imaging Modality Permitted
1	X-Ray
2	X-Ray & US FB or DVT Only
3	X-Ray and US
4	Ultrasound Only
5	CT only
6	X-Ray & CT
7	X-Ray / CT / MRI
8	X-Ray / CT / US
9	X-Ray / CT / US / MRI
10	MRI Only
11	UNRESTRICTED
12	CT and MRI
13	CT / US / MRI
14	X-Ray/MR

# Application form



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Explain WHY you should be an NMR

2<sup>nd</sup> e-mail, NHS, team email

Inclusion Criteria – what Diagnostic Imaging examinations will you need to request for which symptoms?

If amending Inclusion Criteria – include current examinations and additions

Exclusion criteria e.g. no under 18yr old patients

Diagnostic Imaging Department  
Application for Non-Medical Referrer to Request Imaging  
(Please note this form will NOT be processed unless fully completed and signed by all required parties)

Proposed Referrer				
Name (please print)	Full Job Title	Professional Body/Reg No		
Work e-mail:				
Secondary e-mail (Must be provided; Can be generic for report alerts but must be an NHS email):				
Work address:				
Rationale for applying for requesting privileges, including evidence of service requirement and how this will benefit patients:				
Protocol No Required (select from DCHFT Intranet - NMR page)	Are there existing NMR currently requesting in your Team with the same Role as you? If so which protocol, do they request under? Please explain if your protocols do not align.			
Inclusion criteria (what examinations and for what reasons will you request imaging?) List the specific imaging exams your delegating clinician supports you in requesting. *Critical Information*. This will form your defined scope of entitlement that you will be audited against Please copy/paste list if replicating an existing scope of entitlement				
Modality	Body Part	Patient Age	Clinical Indication	Additional Information
Example: X-Ray	Chest	>18 years	<ul style="list-style-type: none"> <li>NG insertion</li> <li>Post Pacemaker insertion</li> </ul>	Aspirate pH> 5.5 ? PTX
Exclusion criteria (please specify any restrictions e.g. age/examination type)				

# Application Form



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Have you previously been a NMR?

Qualifications and experience


Training post

Specialist roles

Image interpretation skills

Who will act on the report?

If not you, the NMR, we need evidence of the process used for someone else to get results/report

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Are you currently, or have you previously been, a referrer at another Hospital? (please state which Hospitals)		
What relevant professional qualifications do you have? (please provide evidence) • You need to be qualified for 2 years to Apply to be an NMR for Diagnostic Imaging		
Professional qualification	Place of Study	Year of Qualification
Are you currently in a Training Post? Y/N Guide Competence Framework Template to be submitted (DCHFT Intranet – NMR page) Please provide details and estimated year of completion:		
How long have you worked in your current/specialist role? (Please provide previous role(s) if <1 year)		
Under IRMER Regulations responsibility for imaging lies with the referrer however overarching clinical responsibility is accepted by the Delegating Clinician as named below:		
<i>*It is the legal responsibility of the requesting Clinician/Team to <u>read and act</u> on report findings*</i> Who is going to act upon the imaging/report if this is not you as the referrer? In this scenario, a pathway must be in place with radiology approval. Please attach documentation e.g SOP		
What image interpretation qualifications/experience do you have? (please provide evidence where possible)		

# Support for Application



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**As the Applicant I confirm that:**

- I have read and agree to the responsibilities as outlined in the NMR Responsibilities Document (see below).
- I have had at least two years' experience post registration
- I have the clinical assessment and decision making skills that will enable me to work as a referrer

Applicant Name	Signature	Date

**As the Delegating Clinician (Dr) I confirm that:**

In relation to the requesting of Ionising Radiation procedures in accordance with this Application, please tick the 3 relevant boxes below :-

- There is a clinical need in the applicant's role for referring patients for imaging
- I confirm the above applicant has the appropriate clinical assessment and decision making skills to be able to apply the principles of referring to their own area of practice and is working to approved clinical guidelines.
- I confirm the above applicant is competent to understand and act on the imaging report for the procedures requested and hereby delegate responsibility for this action to the above named. In the event of any query on an X-ray image or report findings, the advice of a Senior Clinician will be sought
- OR*
- In exceptional circumstances another party retains overall responsibility for the patient and will remain responsible for acting on the report. In such a scenario a SOP/Pathway must be provided with this Application

Delegating Clinician Name and Designation (please print)	Signature	Date

**As the Departmental/ Practice Manager/ Service Lead I confirm that:**

- There is a clinical need for the Applicant to request imaging and I therefore support this application

Name and Designation (please print)	Signature	Date

# Your Responsibilities

Full history and assessment  
Read the Trust Employers  
Procedures  
Clinical Information – i-refer  
Inclusive Pregnancy Policy –  
confirm patient’s sex at birth.  
Self-Audit- every 2 years  
IRMER update training every  
3 years  
Where standards are not met  
an action plan will be agreed.

Diagnostic Imaging NMR Responsibilities
<b>Responsibilities</b>
It is the responsibility of the referrer to:
<ul style="list-style-type: none"><li>• Only request following a full history and assessment process</li><li>• Only request imaging within the inclusion criteria of the agreed protocol</li><li>• Read and adhere to the Trust IRMER employers procedures (NMR Webpage/IRMER)</li><li>• Complete an ICE referral or a Diagnostic Imaging Department paper referral (if no ICE access) providing a clinical history summary and provisional diagnosis, ensuring that their name, designation, professional registration number and consultant code (if applicable) are clearly legible. Paper forms must be signed</li><li>• Check the reproductive capacity of all patients of child-bearing potential and record the outcome on the imaging referral for radiation exposures between diaphragms and knees, ages 10-55 years</li><li>• If requesting cross-sectional imaging understand the risks associated with imaging contrast agents and be familiar with the Diagnostic Imaging policy on Contrast Administration and also to provide information on the referral form of the appropriate renal function for requests for CT</li><li>• Read and act upon the subsequent radiology report in the electronic system ICE to comply with NPSA notice 16 "Failure to act on radiological reports"</li><li>• If, prior to a report being generated, an urgent opinion on the images is needed, the referrer will be able to contact the Duty Radiologist at DCH (extension 6964)</li><li>• Maintain audit compliance to ensure that imaging has been appropriately requested in respect of the patient's management</li><li>• Attend IRMER training reviews every 3 years and submit an audit to demonstrate compliance with this protocol every 2 years to Dorset County Hospital Radiology Department</li><li>• To understand that their status as a referrer cannot be transferred to a new post and that they must inform Diagnostic Imaging when they have given notice for their current position.</li></ul>
<b>Competence Criteria</b>
The referrer may request imaging providing they meet the following criteria:
<ul style="list-style-type: none"><li>• Has a minimum of two years post-registration experience.</li><li>• Has attended the DCH in-house IRMER course for new referrers.</li><li>• Has been assessed as competent to request imaging by responsible clinicians.</li><li>• It has been agreed that they are competent to request imaging (providing the criteria as outlined in this document are adhered to) by the Chair of the MEG (consultant radiologist) at DCHFT for and on behalf of the Diagnostic imaging department.</li></ul>
<b>Record Keeping</b>
<ul style="list-style-type: none"><li>• The named referrer will request imaging via the electronic referral system ICE or by completing and signing the Diagnostic Imaging Department request form.</li><li>• If a paper request form is used the named referrer will clearly state their name, designation, professional registration number and consultant code on the imaging referral.</li><li>• The named referrer will provide information to include a clinical history summary, provisional diagnosis (or reason why imaging is requested) and examination required.</li><li>• I-communicator alert must be acknowledged</li><li>• The report should be read as soon as possible using the electronic results system ICE and actioned and filed accordingly in ICE leaving an auditable trail.</li></ul>
<b>Audit</b>
<ul style="list-style-type: none"><li>• Standards will be audited every two years to ensure that practice standards within the agreed protocol are being met and that the protocol is being adhered to.</li><li>• A random sample of 10% or a maximum of 50 of the imaging requests by the above referrer will be taken and reviewed in consultation with the responsible Clinicians to ascertain that the inclusion criteria has been adhered to and that imaging has been appropriately requested in respect of their having bearing on the patient's management.</li><li>• A copy of all audits must be sent to the NMR Team, Diagnostic Imaging, DCH, NMR@dchft.nhs.uk</li><li>• Where any standards are not met, it will be the responsibility of the above referrer, the responsible Clinicians and the Radiology Services Manager to develop an action plan or review the existing standards.</li><li>• If the referrer fails to attend IRMER training review and / or submit their audits in a timely fashion, Diagnostic Imaging reserves the right to revoke their referral status.</li></ul>

# Changes

For any changes contact  
the NMR Team:

[NMR@dchft.nhs.uk](mailto:NMR@dchft.nhs.uk)

- Name or location – simple database update
- Inclusion Criteria or Change in Job role – Stop requesting,
- New Application, New delegating clinician and Service manager



Reports are tagged if:

- Urgent finding
- Critical finding
- Significant unexpected result

E-mail alert sent to referrer

Not done for 'normal' results

Back-up process.

**N.B. ALL reports should be checked.**



# Acting on reports



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It is the referrers responsibility to read and act on imaging reports, this is a crucial requirement of your role as a referrer.

If you are sent an email from the iCommunicator inbox regarding a Radiological result, **you must acknowledge the result by clicking reply and send on the email. You must reply to the email by sending a completely blank “reply” email – please ensure there are no words and no signature.**

**If you do not send a blank reply email the alerts will continue to be sent to you and will be registered as unacknowledged.**

**[National Patient Safety Agency 16 notice – ‘Failure to act on Radiological Reports’](#)**

## Database on SharePoint

- Index of authorised Non-Medical Referrers
- Record of Training and Compliance
- Accessible by all Diagnostic Imaging Team for vetting

# Diagnostic Imaging Modalities

- Conventional X-rays
- CT
- MR
- Interventional/  
Fluoroscopy
- Mammography -  
symptomatic
- Ultrasound – general/  
obstetric/ gynae/  
vascular/ MSK
- DEXA



# ICE Requesting - Demo



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- Demo
- i-Refer

## IR(ME)R

As a Referrer under the Ionising Radiation Medical Exposure Regulations 2017 YOU are responsible for providing sufficient information to allow for justification of the examination. If you do not do this the request will be rejected.

## Radiation Cancer Risk - Negligible Risk

As a Referrer you have a legal duty to communicate the risks and benefits of this radiology referral.

Risk from this examination is Negligible - Less than 1 in 1,000,000 additional risk of cancer per examination - a few days background radiation

## Identity check

Please type in patient name. First name followed by second name. This is a necessary patient safety check.

Please complete the following details and click the "Accept Request" button to continue or "More Tests" to add more tests.

**Each request accepted by the department of Pathology at DCHFT for examinations/tests is considered a service agreement.**

<b>General Details:</b>	<b>Order Details:</b>
User: knak	↑ RAD - XRAY
Bleep / Contact No: <input type="text"/>	Tests in this order: XR neck soft tissue
Requesting Consultant / GP: <input type="text"/>	Priority: <input type="text"/>
Location: MEDICAL OUTPATIENT DEPARTMENT <input type="text"/>	Sample collection options:
Location Room: <input type="text"/>	<input checked="" type="radio"/> Radiology Request
<b>Global Clinical Details:</b>	
<input type="text"/>	
Category: NHS <input type="text"/>	

**Inclusive Pregnancy Status**  
What gender was the patient at birth?

**Patient type?**

# Pause and Check

Are the patient demographics correct?

Do you need to consider pregnancy status?

Is the clinical information sufficient to perform the correct examination?? But still succinct.

Is the examination indicated in accordance with local and national guidelines (Pan Dorset Lumbar and cervical spine guidelines; RCR guidelines; NICE recommendations)

Is the body part and laterality correct?

What clinical question are you trying to answer? What do you suspect or wish to exclude?

Will this imaging request effect clinical management?



# N.B. on Abbr!

**Only use commonly accepted abbreviations**

e.g. FOOSH/ TATT/  
SOBOE/ PMH/ BIBA/  
FLOF

**Beware of abbreviations that have more than one meaning**

e.g. PE – pulmonary embolism/ pleural effusion/ pre-eclampsia/ physical examination



**The quality of the report  
reflects  
the quality of the request form**

**Please ensure all the clinical  
information is relevant and  
succinct!**

# Clinical Indications

## – Injured hand

This could lead to potentially 1 of 5 examinations and 13 views

What is the clinical question?

Is there a specific area of interest?



# Trauma X-ray Referrals



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**A thorough clinical examination should elicit sufficient information to help you decide whether imaging will affect management or whether you manage the patient clinically .**

**e.g. Ottawa Foot and Ankle**

**# ribs**

# Relevant Clinical Information

Specific anatomy

A history of carcinoma is **ALWAYS** relevant

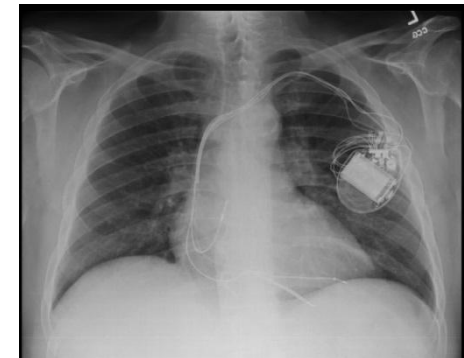
Mechanism of injury

Acute/chronic

Previous medical history/ previous injury

Previous surgery – internal fixation, implants, tendon / ligamentous repairs

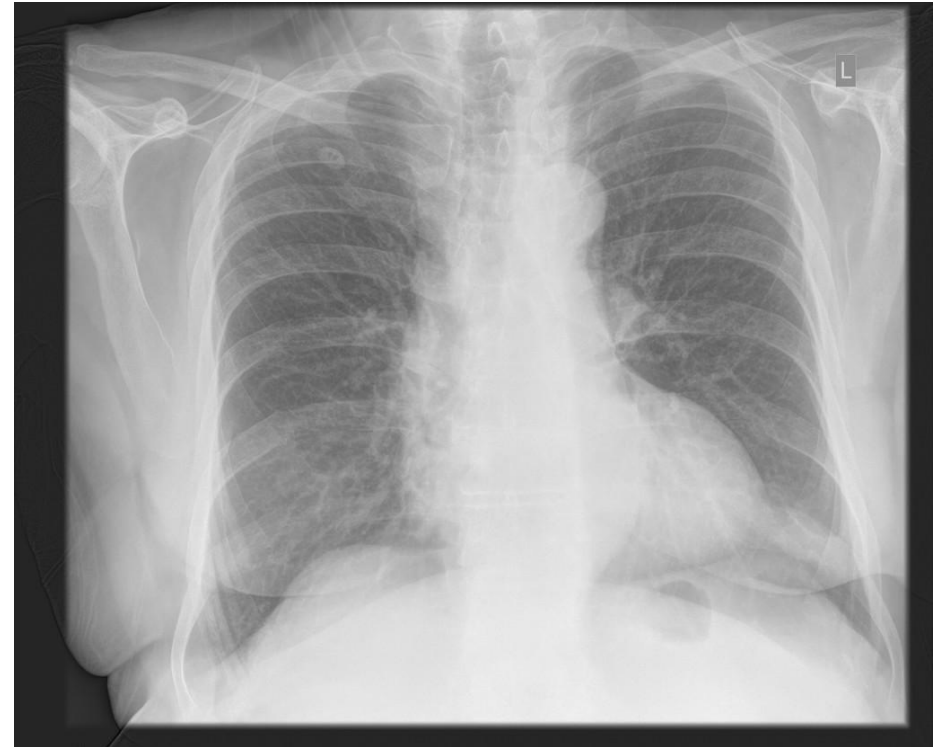
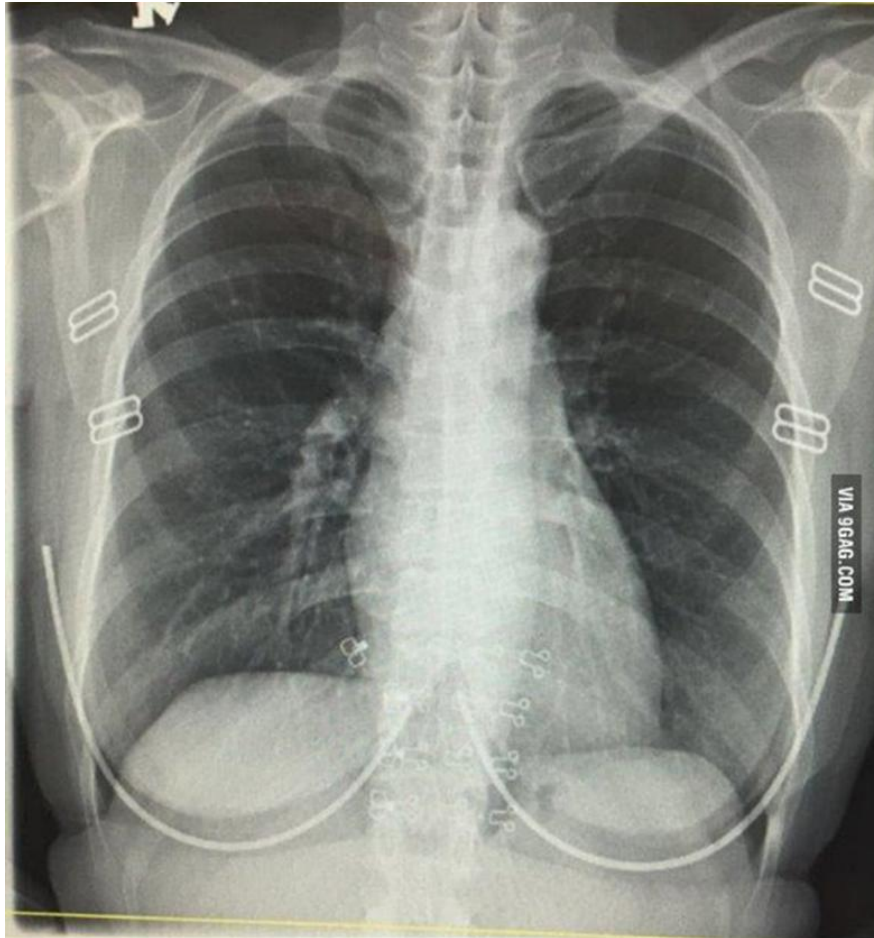
Has this patient had recent imaging? Where?



**Be precise and concise!**

**X-ray bleep 300**

# Patient Preparation



# CT Specific Requirements

CT contrast examinations:  
eGFR – less than 30 may  
contraindicate

**eGFR Warning**  
Patients for contrast CT scans require an eGFR within the last 12 months. If the patient has renal disease, diabetes or an organ transplant, an eGFR within the last 3 months is required. FAILURE TO PROVIDE AN eGFR MAY RESULT IN THE SCAN BEING DELAYED.

**Please enter the last eGFR with date?**  
Click below to look up the last eGFR. If there is no result available please enter 'PENDING' in the box and place an eGFR request.

**Renal Impairment**  
Does the patient have renal disease, diabetes, or an organ transplant?

Yes  No



Allergies – previous contrast  
reaction

CT – brain for Stroke admissions –  
time of arrival in hospital

- After normal working hours (after 8pm weekdays and 5pm weekends), please consider whether your request is an emergency or can it wait until the following day. OOH imaging is a cost pressure for the trust.
- Requests that meet the NICE criteria for CT brain or C-spine imaging do not need to be logged with Hexarad.

# Mammography

- No routine referrals < 40
- Ultrasound first < 40
- Ultrasound



**Mammogram Mobility**  
Please select patients ability to stand:

**Previous Breast Imaging**  
Has the patient had previous Breast imaging and where?

Yes  No

**Breast Imaging Clinical Details**  
Please ensure that you include the following in the Global Clinical Details: Quadrant, P Score, Size, Previous Diagnosis or relevant medical history. Also any special considerations required.

**Breast Imaging Pregnancy**  
Is the patient pregnant?

**Breast Imaging Anticoagulant?**  
Is the patient taking any anticoagulants?

**Surveillance test?**  
Is this a Surveillance test?

**Breast Imaging Pregnancy**  
Is the patient pregnant?

**Follow Up Breast imaging Clinical Details**  
Please ensure you include the following information in the Global Clinical Details: Original diagnosis, surgery (where and when). Any further diagnosis since. Also any relevant medical history and any special considerations required.

**Which year (1-5) after surgery?**  
How many years post surgery?

(1 - 30)

## (dual-energy x-ray absorptiometry)

Bone density assessment

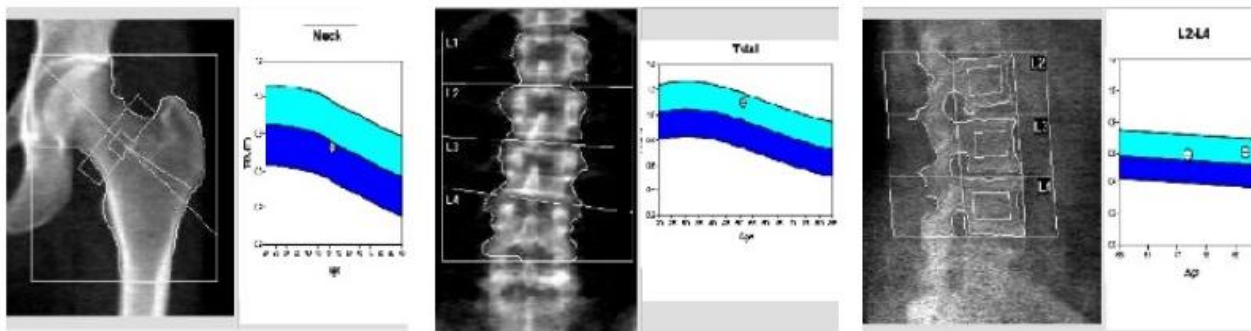
Patients with severe scoliosis, spinal metalwork or bilateral hip metal work cannot be scanned

At least 10 weeks post hip surgery

There are some circumstances in which DXA scans **cannot be booked:**

- If they have had a Barium meal or Barium Enema exam patient must wait one month before DXA exam
- Must wait 24 hours after intravenous contrast
- Must wait 48 hours after nuclear medicine exam (not completed at DCH)

Repeat scans no sooner than 2 years



**Osteoporosis Risk Factors: to comply with IRMER.**  
To select multiple options: Ctrl and left mouse-click.

- Hx of low trauma fractures after age 50
- Long-term oral glucocorticoid treatment (>3months)
- Vertebral fracture seen on plain X-ray
- Crohns/ulcerative colitis if high risk
- Celiac disease if high risk
- Male hypogonadism
- Osteopaenic X-ray
- Chronic severe respiratory disease
- Chronic liver disease
- Other conditions associated with osteoporosis

**Fracture probability**  
If you have calculated the probability of a fracture using FRAX or QFracture please enter the value in the Clinical Details section.

**Repeat scan requests**  
Repeat scans should be performed on the same scanner as the original if possible. Please identify the original indication for the scan, when and where it was performed, the results and treatment in the Clinical Details section.

**Current osteoporosis medication.**  
Please select and specify duration in the Clinical Details.

- Oral bisphosphonate
- IV bisphosphonate
- Calcium and Vitamin D
- Colecalciferol
- Denosumab (60mg/1ml)
- Raloxifene
- HRT
- Teriparatide
- None

**Patient type**  
During examination will the patient be attending as an Inpatient/Outpatient/Ward attender or unknown?

(Please Select) ▼

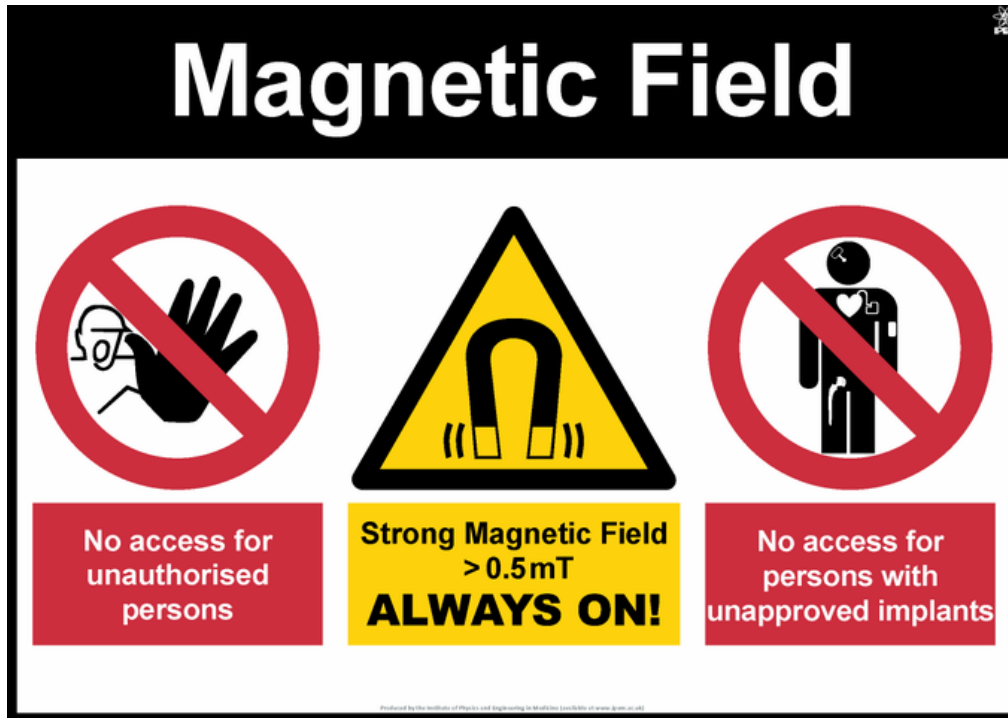
# “Requesting an X-ray is like prescribing a dose of radiation”



A type of low-energy radiation that does not have enough energy to remove an electron (negative particle) from an atom or molecule. Non-ionizing radiation includes visible, infrared, and ultraviolet light; microwaves; radio waves; and radiofrequency energy from cell phones

## Diagnostic Imaging

### MRI and Ultrasound



Have you completed the MRI Patient **Safety** Questionnaire?

If you are unsure about whether the implant is MRI-Safe, contact the MRI team on 3498 or 5881

# MRI - ICE

Has the patient EVER had an implanted electronic device?

Yes  No

Has the patient EVER had metal fragments in their eyes at any time in their life?

(Please Select) ▼

Has the patient EVER had an operation to the heart, brain, eyes, ears or spine?

Yes  No

Does the patient have any other known implants? (excluding orthopedic implants).

Yes  No

## MRI gantry size

Please note - There is a physical constraint on the SIZE of the patient that can be accommodated by the scanner - if you suspect your patient will have difficulties (due to BMI, weight, girth etc) please discuss with the MRI radiographers.

## Special Considerations

Select one or more relevant special considerations from the list below (use CTRL for multiple items):

- None
- Dementia
- Claustrophobic
- Recent Surgery (within 6/52)
- Interpreter required
- Hoist required
- Deaf
- Blind
- Hospital transport
- Other - Please detail in Global Clinical Details

What type of appointment slot does the patient require?

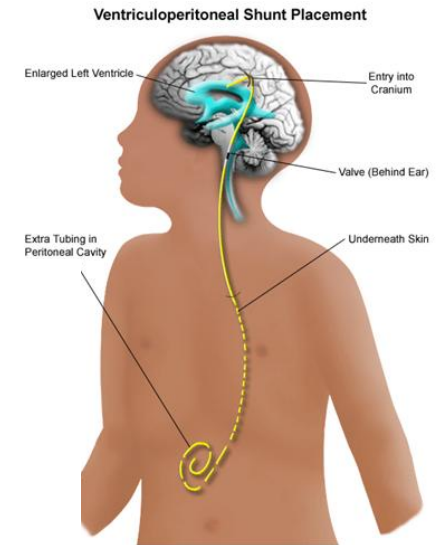
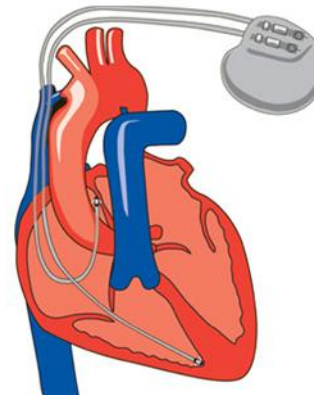
(Please Select) ▼

Is the patient pregnant?

Yes  No

## Active implants (power source)

- Pacemakers
- Neurostimulators
- Drug infusion pumps
- Hydrocephalus shunt
- Heart valve
- Cochlear implants
- Peripheral stent



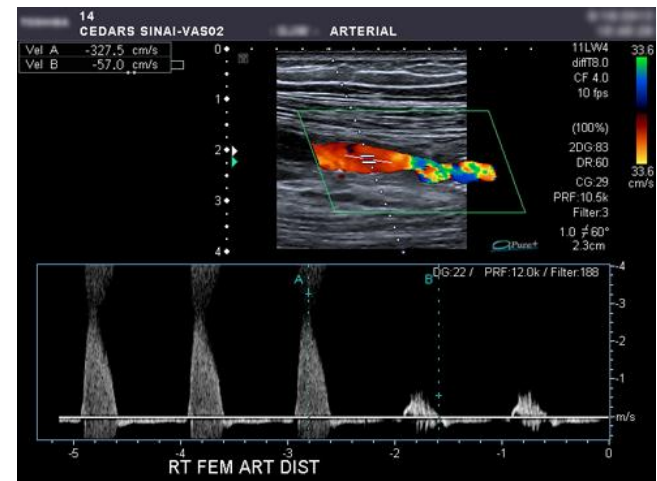
# Doppler Ultrasound

- Wells assessment score  $\geq 2$  – list symptoms
- If  $< 2$  must have D-dimer test value
- D- dimer test value – not a reliable indicator in patients with co-morbidities or recent surgery, etc

## DVT NICE guidelines

For prompt vetting of DVT requests, add all pertinent info in the clinical details inc Wells score OR the D-dimer result. Please confirm

Yes  No



# Arranging Inpatient Scans/Procedures

All In-Patient requests for CT, MR,  
Ultrasound/ Interventional

**MUST**

be discussed with a radiologist

Duty: 6964

**To determine the appropriateness**

**To determine the patient preparation**

**To determine the urgency**

**Be prepared to tell the Radiologist the  
clinical information and what you are  
hoping this examination will  
demonstrate**



# Monitoring Compliance

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## Self Audit

We will send you a random sample of 10% (minimum of 10 or a maximum of 50 patients) of all imaging requested by you, the referrer, in the last **24 months**.

(Your first audit is in **12 months time**, thereafter ever two years)

Check:

- Request within the parameters of the protocol & inclusion criteria
- There is a recorded outcome – report has been acted on – DPR notes
- Did the exam confirm your clinical diagnosis or excluded what you wanted it to?
- Was the clinical examination done by you as the referrer?
- Was the patient on a referral pathway? Example neck of femur pathway from ED – please note this

# 10% Audit Data



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We will generate a report of all your requests, randomly select 10% and e-mail them in a spreadsheet ready for you to audit

Hosp No	Age At Ev	Accessi	Examinati	Event Date	Referr	Referrer Nar	Exam Name	NHS number	Referrin g Loca	Request within parameters of protocol? Y/N	a written outcome ? Y/N	clinical diagnosis? Y/N	Cinical examination by you the referr? Y/N	Patient on a referral pathway?	Comments

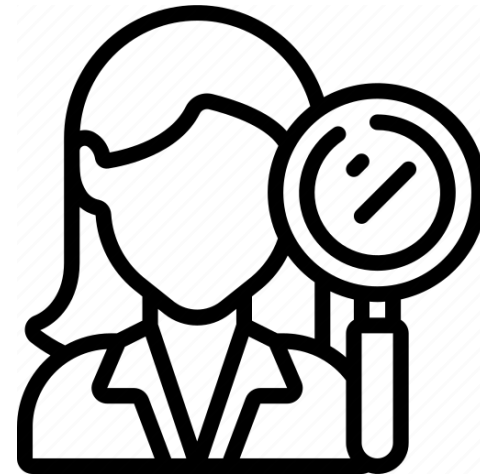
# Audit Template

## NON-MEDICAL REFERRER AUDIT RESPONSE SHEET

Name	
Job Title	
Place of employment	
Delegating Clinician	
Non- Medical Referrer Protocol Number	
Refresher IRMER Training Completed	Online / Face to Face Date:
Date of audit completion	

Audit Items	Responses
Total number of imaging referral requests you have submitted over the 24-month period?	
Start and end date for your audit period?	
Who else has been involved in collecting the information for your audit?	
Number of imaging referrals audited.	
What percentage of imaging requests is within the inclusion criteria of your requesting protocol?	
<i>IRMER states that 'each medical exposure should have a written outcome'.</i> What percentage of your imaging referrals achieved this?	
What percentage of your imaging referrals confirmed your clinical diagnosis?	
What percentage of your referrals were made following a clinical examination by you as the referrer?	

Qualitative reflection  
**Always submit the completed 10% data sheet and Audit template**



# Out-scope Requesting



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All out-of-scope  
requesting is  
**UNACCEPTABLE**

Now reporting  
instances

- Datix
- Medical physics
- Self reflective forms

**LFPSE Dorset County Hospital Incident Reporting Form**

Welcome to our Incident Reporting Form.

★ - indicates a mandatory field. ⓘ - indicates help is available for a particular field. ✎ icon - allows you to spell-c

For any assistance please contact Risk Management Department on extension 3300 during office hours.

Detailed g  
Guide to v  
Guide to le

**Datix**  
Software for Patient Safety

Details of  
Reporter

Role in this event	Reporter
Type	Employee
★ First names	<input type="text"/>
★ Surname	<input type="text"/> <input type="button" value="Search"/>
Job title	<input type="text"/>
Email address	<input type="text"/>

Please note: you will not receive an email notification of submitting this incident or receive feedback on the outcome of this incident unless you

# Business Continuity

Paper requests to Diagnostic Imaging when ICE system or network is down

Planned or BC

Modalities still not on ICE:

- Obstetric US
- Some dental examinations

Requests from hospitals/community without access to DCH ICE system



## Essential Details

- 4 patient identifiers
- Allergies, diabetic, medical alerts
- Patient location - ward/ department
- Mobility/ Co-morbidities
- Clinical history – succinct, relevant, PMH
- What is the clinical question?
- Examination required
- Select your name as the referrer - provide contact details



**PAUSE AND CHECK**

*Outstanding care for people in ways which matter to them*

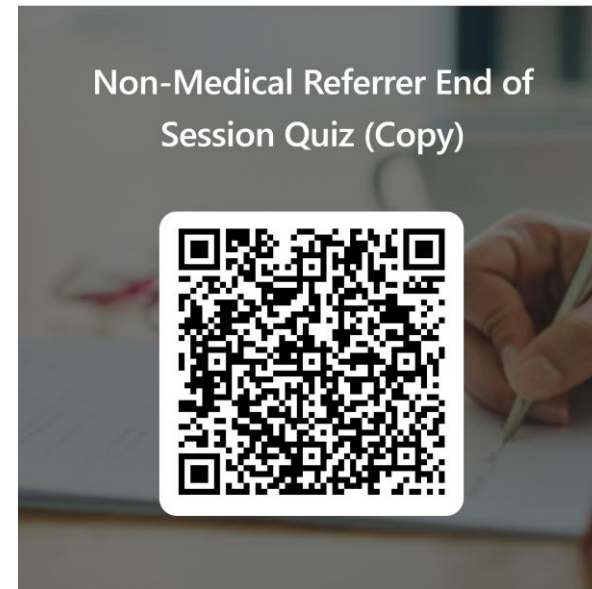
# Any questions?

## Course Feedback



[https://forms.office.com/Pages/ResponsePage.aspx?id=g5Ojtyjb\\_0SLO-lxkJh6-Q4Hz2YZ2rIogDoM39\\_arsJUQ0dTVDRPWUVEQkZEQUVIWk5CNIBQUUNWRC4u](https://forms.office.com/Pages/ResponsePage.aspx?id=g5Ojtyjb_0SLO-lxkJh6-Q4Hz2YZ2rIogDoM39_arsJUQ0dTVDRPWUVEQkZEQUVIWk5CNIBQUUNWRC4u)

## Course Quiz



[https://forms.office.com/Pages/ResponsePage.aspx?id=g5Ojtyjb\\_0SLO-lxkJh6-Q4Hz2YZ2rIogDoM39\\_arsJUOTAwMjBLRUZRNjIzTEpKNIVBN1YySII TUi4u](https://forms.office.com/Pages/ResponsePage.aspx?id=g5Ojtyjb_0SLO-lxkJh6-Q4Hz2YZ2rIogDoM39_arsJUOTAwMjBLRUZRNjIzTEpKNIVBN1YySII TUi4u)