2 week rule CT scan referral by GP Audit Performa:

Hospital number	Date of referral	Date imaging done	Patient age	Clinical reason on request card									
				Indication to assess pancreatic cancer (Y/N)	Weight loss (Y/N)	Diarrhoea (Y/N)	Back pain (Y/N)	Abdominal pain (Y/N)	Nausea (Y/N)	Vomiting (Y/N)	Constipation (Y/N)	New onset diabetes (Y/N)	Other reason