

IMAGING REQUESTING REPORTING



Supplement 2

Checklists for imaging requests in axSpA



Checklist for imaging requests of axSpA patients



#	Item	Check
1	Essential clinical information	
	age and sex	<input type="checkbox"/>
	HLA-B27 (positive, negative, unknown)	<input type="checkbox"/>
2	Back pain	
	current	<input type="checkbox"/>
	history of	<input type="checkbox"/>
	duration	<input type="checkbox"/>
	localization	<input type="checkbox"/>
	inflammatory features	<input type="checkbox"/>
	change of symptoms (follow-up)	<input type="checkbox"/>
3	Indicators for differential diagnoses	
	physically demanding activities	<input type="checkbox"/>
	childbirth (number of children, date of last delivery)	<input type="checkbox"/>
4	Previous exam images (report if unavailable)	<input type="checkbox"/>
5	Contraindications to imaging or contrast media	<input type="checkbox"/>
6	Clinical diagnosis	
	suspected diagnosis	<input type="checkbox"/>
	alternative explanations	<input type="checkbox"/>
	previous diagnosis of axSpA	<input type="checkbox"/>
	reason for exam (primary diagnosis or follow-up)	<input type="checkbox"/>