

## REGISTER OF DIGITAL VIDEO AND AUDIO FILE PROCESSING

Patient Name: .....

DoB: .....

CHI number .....

Date	Image File Name	Image Type	Source	Action	New Files Produced	Location	3 <sup>rd</sup> party images	Signed

Copy to be stored in the patient file.

## GUIDANCE

Date:	Date the file management activity occurs.
Image File Name:	Name of the source file being used in the format YY_CHI_DD_MM (year_CHI number_ day_ month e.g. 12_050352113_30_07). <b>The source file must not be erased.</b>
Image Type:	Video or audio.
Source:	Where the image file being used as the source is stored.
Action:	What has been done to the file: <ul style="list-style-type: none"><li>• Copied (give full details)</li><li>• Edited (must be saved as a new file)</li><li>• Printed</li><li>• Used as a source for images for reports, presentations, etc (give full details)</li><li>• Destroyed</li></ul>
New Files Produced:	The names any new files produced during the session are stored under.
Location:	Where the new files have been stored.
3 <sup>rd</sup> Party Image	Contains images of other patients
Signed:	Signature of responsible clinician.

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