NABI MEDICAL EQUIPMENT TRADING

RADIOLOGIST USER MANUAL

SERIX RIS/PACS

Diagnostic Review, Reporting, and Electronic Signing Handbook

Assigned worklist, SERIXViewer, priors, montages, reporting, finalization, and corrections

Prepared exclusively for authorized SERIX radiologists

Nabi Medical Equipment Trading

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https://serix.nabimedicalequipment.com

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Revision History

Version	Date	Summary
1.0	25 Aug 2026	Initial radiologist-only handbook aligned to the current assigned-study, viewer, reporting, signing, PDF, peer-review, critical-result, and correction workflows.

Clinical responsibility: SERIX supports image review and reporting but does not replace professional judgment. The authenticated radiologist remains responsible for patient and study verification, interpretation, report accuracy, critical-result communication, and personal finalization.

Release boundary: This manual describes the reviewed SERIX release source. Your facility may expose fewer controls until the matching application package, database migrations, user permissions, and local clinical policies are commissioned.

How to Use This Manual

Start with the Quick Start, then use the chapter that matches the task you are performing. Controls can be hidden or disabled when the account, active facility, study assignment, report state, or backend permission does not allow the action.

What this manual covers

- Radiologist-only access boundaries and assigned-study behavior.
- Safe image review through SERIXViewer and authorized prior studies.
- Structured and free-text report drafting, templates, macros, local dictation, and recovery copies.
- Preliminary signing, password-free initial finalization, official PDFs, and immutable corrections.
- Peer review, critical-result documentation, privacy, clinical safety, and troubleshooting.

Instruction conventions

Convention	Meaning
Control name	A button, tab, menu, field, or status label shown in SERIX.
Facility-scoped	The record belongs to one authorized facility context.
Assigned-only	A radiologist may access the patient/study for diagnostic work only while an active assignment exists.
Finalized	The signed report version is locked against ordinary editing.
Permission-dependent	The control may be hidden or disabled; the backend makes the final authorization decision.

Before clinical use: Confirm that your facility has completed viewer, display, network, reporting-template, digital-signature, and workflow acceptance testing. Follow local clinical policies whenever they are more restrictive than this product guide.

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Quick Start: Complete Your First Assigned Case

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Goal: Open only a study assigned to you, verify the patient and images, create an accurate report, personally finalize it, and verify the official PDF.

Before the first case

Requirement	Confirm
Account	Your own active Radiologist account; never a shared or administrator account.
Facility	The intended facility is active in your profile and selected after sign-in.
Professional profile	Name, title, PRC license, specialty, and any applicable PTR/accreditation values are correct.
Digital signature	Your secured JPEG signature is present and approved for the facility workflow.
Workstation	The browser, network, viewer, display, and ambient-light conditions meet local clinical policy.

First-case workflow

1. Sign in at the approved HTTPS address and confirm your active facility.
2. Open Studies and locate an explicitly assigned case. Prioritize STAT, emergency, and urgent work according to facility policy.
3. Verify patient name plus another identifier, accession number, procedure, modality, study date, and facility.
4. Select Open Viewer and confirm the DICOM overlay before interpretation.
5. Review every required series, image count, image quality, and authorized prior before reporting.
6. Open Report, confirm the order-backed snapshot, and resolve any displayed edit-lock conflict before changing content.
7. Draft in Structured or Free Text mode; review every template, macro, dictation result, and montage attachment.
8. Save Draft with a meaningful reason and use Preview Report to inspect the unsigned output.
9. Select Finalize Report, read the irreversible confirmation, and personally confirm. Initial finalization does not request a password.
10. Select Export PDF or open the generated PDF, then verify identity, content, signature, version, and every page.

Stop and escalate: Do not report or finalize when patient identity is uncertain, the study is incomplete or assigned to someone else, required images cannot be reviewed, the facility is wrong, the signer identity is incorrect, or a security warning appears.

1. Radiologist Role Scope and Access Boundaries

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The default Radiologist role is a least-privilege clinical role. Facility assignment determines where you may work, and an active study assignment determines which patient/study you may review and report.

Default radiologist capabilities

- View explicitly assigned studies in authorized facilities.
- Launch SERIXViewer through short-lived backend authorization.

- Create, save, auto-save, recover, preview, and delete eligible unsigned drafts with an audit reason.
- Use approved personal, facility, and global templates; maintain doctor-owned personal templates and macros.
- Use the protected montage attachment path when enabled for the assigned report.
- Sign preliminary reports when the configured workflow exposes that step and personally finalize eligible reports.
- Create a signed Corrected Report with a reason and current-password reauthentication; view earlier signed versions.
- Review authorized priors, participate in peer review, and document critical-result communication.
- Generate eligible signed PDFs and search signed reports within facility and assignment scope.

Assignment is not an edit lock

A study assignment grants the reporting relationship. A report edit lock coordinates simultaneous work on that assigned case. An edit lock does not assign the study, and assignment does not guarantee that a report is currently unlocked.

Actions not granted by default

- Viewing an unassigned pool or acknowledging, accepting, or self-assigning an unassigned case.
- Assigning or reassigning studies to another radiologist; that authority belongs to Chief Radiologic Technologists, Facility Administrators, System Administrators, and Central Administrators.
- DICOM upload, raw DICOM download, DICOM send/export, or destination administration.
- Secure-share creation, result release, or facility-wide distribution administration.
- Governing facility/global templates or publishing personal templates as approved facility content.
- Study reconciliation, archive/void/delete/restore actions, or permanent deletion.
- Montage printing or unrestricted film-export administration; the backend-derived Reported By identity remains non-editable, and another radiologist's signature may never be used.

2. Sign In, Facility, Profile, and Session Security

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Sign in safely

11. Open https://serix.nabimedicalequipment.com in the approved browser and verify the secure connection.
12. Enter your own username or registered email address and password.
13. Select Sign in and complete a required temporary-password change if prompted.
14. Confirm Radiologist appears in your role information and choose the intended active facility.
15. If the facility or role is missing, stop and ask an authorized administrator to correct the account.

Professional profile and signature

- Verify your complete name and professional title.
- Verify the PRC license number and, when applicable, PTR and accreditation numbers.
- Confirm specialty or subspecialty and active facility assignment.
- Upload only your own approved JPEG digital signature within the displayed size limit.
- Never email, message, reuse, or upload another radiologist's signature image.

Password and session rules

- No administrator can view your current password. Authorized administrators can only initiate a reset.
- Initial report finalization uses your authenticated session plus an irreversible confirmation and does not ask for a password.
- Later signed corrections require your current password as reauthentication.
- A second login may be blocked while an earlier session remains active; log out there or request session revocation.
- Lock the workstation when stepping away and log out when the clinical session ends.
- Close viewer tabs after logout because copied or expired launch links must not be reused.

Readability controls

For ordinary RIS text, increase browser zoom gradually to 110% or 125%, expand the sidebar, or use the alternate theme. Diagnostic interpretation still requires the approved viewer, workstation, display calibration, and ambient-light policy.

3. Assigned Radiologist Worklist

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Assigned-only behavior: The server restricts a Radiologist to active assignments for the signed-in user. Search filters cannot expand access to unassigned studies or another radiologist's cases.

Radiologist navigation

Area	Use it for
Studies	Find assigned cases and open the visible View, Montage, or Report action.
Reports	Search signed reports within facility/assignment scope and download the latest generated PDF.
Report Templates	Create and maintain personal templates or use approved facility/global templates.

Find and prioritize work

- Use the Studies filters for date range, priority, status, lifecycle set, assignment, patient, accession, StudyInstanceUID, modality, source, and body part as available.
- Review the active facility before searching; the same patient identifier can exist in different facility contexts.
- Prioritize Emergency/Critical, STAT, and Urgent work according to facility escalation and turnaround policy.
- Review priority notifications for newly assigned Emergency, STAT, and Urgent work, then mark the notification read after opening the correct case.
- Refresh the worklist after assignment, reassignment, finalization, or a role-policy change.

Verify the row before opening

Field	Why it matters
Priority	Determines clinical urgency and expected response time.
Patient / Patient ID	Must be verified together before opening clinical content.
Source / facility	Confirms the authorized institution context.
Assignment	Must show an active relationship to your Radiologist account.
Modality / body part	Confirms the expected examination and image set.
Status	Shows the current study/reporting lifecycle state.
Actions	View opens the viewer; Montage opens key-image work; Report opens the reporting workspace.

Handle an edit-lock conflict

- The current operator path is Studies, then the assigned row, followed by View, Montage, or Report. A separate Claim/Release worklist panel is not exposed in the current interface.
- If Report opens read-only or shows that another user holds the lock, do not create a competing edit session.
- Coordinate with the named user, wait for the authorized lock to expire, or ask support to investigate a stale lock according to facility policy.
- Save and verify any unfinished draft before an authorized reassignment or clinical handover.

Reassignment: If a study must be reassigned, an authorized assigner performs that action. Coordinate unfinished drafts and lock ownership before reassignment so work is not lost or signed by the wrong radiologist.

4. Patient and Study Verification

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Minimum identity check

- Patient name plus another authoritative identifier, such as facility MRN/Patient ID or date of birth when displayed.
- Accession number and requested procedure.
- Facility, modality, study date/time, and StudyInstanceUID context.
- Referring physician, clinical history, laterality, and priority when applicable.

Image-set readiness check

16. Confirm the study opens from the exact assigned worklist row.
17. Review the study and series descriptions, instance counts, acquisition coverage, laterality markers, and image quality.
18. Confirm the expected modality and procedure images are present, including required post-processing or contrast phases.
19. Check for duplicates, missing series, corrupted images, incorrect orientation, or unrelated patient images.
20. Resolve or escalate deficiencies before final interpretation; do not hide uncertainty in report wording.

Unmatched or wrong-patient studies

Do not report a study that is not reliably linked to the authoritative patient and order. A trained reconciliation user must review and correct the link within the same facility. Never infer identity from a single raw DICOM name, copied accession, or thumbnail.

Wrong-patient risk: If the DICOM overlay, order snapshot, and patient record disagree, stop the workflow, preserve the identifiers and time, and escalate immediately. Do not edit the report to make conflicting records appear consistent.

5. SERIXViewer Image Review

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Launch the authorized viewer

21. From the assigned study, select Open Viewer or use the embedded viewer pane in the report workspace.
22. Wait for the short-lived authorization to open the intended study.
23. Verify the patient/study overlay before using diagnostic tools.
24. Select the correct series and wait for the active stack to load before opening complex layouts.
25. Launch only from an authorized SERIX study action; do not reuse viewer URLs or browse directly to Orthanc administration.

Common viewer tools

Tool group	Examples and use
Navigation	Series selection, stack scroll, cine, layout, maximize, and full screen.
Display	Window/level, presets, zoom, pan, invert, rotate, flip, magnify, and reset.
Measurements	Length, bidirectional, angle, Cobb angle, ROI, HU probe, and annotations when supported.
CT presets	Brain, stroke, subdural, soft tissue, lung, mediastinum, bone, abdomen, liver, spine, and angiographic presets.
MPR / 3D	Crosshairs, multiplanar layouts, and volume tools only for complete reconstructable series.
Montage	Verified key-image selection and current/prior comparison when permitted.

Large CT and MR studies

- Load the primary axial or acquisition series first and wait for a usable active stack.
- Avoid opening many viewports, changing series rapidly, or starting 3D reconstruction during initial progressive loading.
- If performance remains unsafe for the clinical task, stop and escalate with modality, series count, image count, and timing information.

MPR and measurement safety

- Accuracy depends on correct pixel spacing, rescale values, slice geometry, orientation, and ordered instances.
- Blank, white, distorted, or inconsistent reformats can indicate incomplete or unsuitable geometry.
- Use only facility-accepted, calibrated systems; if MPR/3D is unreliable, return to the acquisition stack and never use troubleshooting override parameters for diagnosis.

6. Key Images, Montages, and Current/Prior Comparison

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Know the viewing artifacts

Artifact	Persistence and purpose
Key-image montage	Saved study-bound selection and arrangement that can support a protected report attachment.
Comparison montage	Saved images from an exact backend-authorized current/prior pair.
Paged Diagnostic Grid	Session-only viewing layout that is discarded when the viewer session closes or reloads.
Original DICOM	Authoritative source images retained independently of montage or report output.

Create and save a montage

26. Open Montage for the assigned study when the control is available.
27. Navigate to the exact image and select Add to Montage, or use the configured shortcut.
28. Open the Montage Tray and Montage Builder, then arrange the images deliberately.
29. Configure page, orientation, layout, spacing, labels, demographics, and supported overlay visibility.
30. Select Save montage and wait for a Saved confirmation.
31. Generate or finalize the protected montage artifact when the report-attachment workflow requires it.

Attach a montage to an editable report

32. Confirm the montage belongs to the same authorized facility and study.
33. Confirm the montage is in the eligible saved/finalized/exported state displayed by the system.
34. Open the editable report and select Attach Montage.
35. Choose the eligible artifact and confirm it appears in pending report attachments.
36. Save Draft; the attachment is frozen into the signed report version during finalization.

Current/prior comparison

Use Compare Prior only with backend-authorized candidates and confirm identity when prompted. Only images from the exact verified current/prior pair can be saved into the comparison montage.

Radiologist output limit: The default role uses the protected report-attachment path; general montage printing, unrestricted film output, raw DICOM export, and DICOM send are not granted. Viewer measurements remain image-review evidence unless authenticated, server-verified values are explicitly shown in the reporting workflow.

7. Open and Control the Report Workspace

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Open the report

37. Choose the assigned reporting-ready study with a linked order.
38. Select Report or Add Report from the study action.
39. Verify the patient, accession, facility, procedure, modality, study date, and report status in the snapshot.
40. Open the images in the embedded viewer or an authorized viewer tab.
41. If another user holds the edit lock, coordinate, wait for authorized expiry, or escalate a stale lock before changing content.

Report workspace areas

Area	Purpose
Report tab	Structured or Free Text composition, macros, local dictation, and clinical report fields.
Templates tab	Personal, approved facility, and approved global templates plus apply mode.
Prior Reports tab	Authorized prior images, report viewing, and Use for Comparison.
Report Actions	Save Draft, server recovery, Preview Report, Preliminary, Finalize Report, print, PDF, montage, and details.
Advanced Details	Report record, status, version, timestamps, clinical workflow, and immutable version history.

Structured and Free Text modes

Structured mode separates clinical content into defined sections. Free Text mode provides one narrative report field. Changing modes does not make inserted text clinically correct; review the full report before saving or signing.

Prepared By and Reported By

Prepared By can identify a technologist, encoder, or transcriptionist who entered draft text. Reported By is determined by the backend from the authenticated radiologist who signs or finalizes. The browser cannot replace that identity.

Structured report fields

Field	Use
Clinical History	Relevant indication and clinical context from the approved request.
Comparison	Authorized prior examination and date, or an explicit statement that no relevant prior is available.
Findings	Observed imaging findings using precise, internally consistent language.
Impression	Prioritized diagnostic conclusion and important negative or positive findings.
Recommendation	Actionable follow-up only when clinically appropriate and supported.
Free-text Report	One narrative field used when Free Text composition mode is selected.

8. Drafting, Templates, Macros, and Dictation

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Use a report template

42. Open Templates and select an appropriate personal, facility, or global template.
43. Choose Replace report text, Append report text, or Insert one section deliberately.
44. Select Apply Template and wait for the confirmation.
45. Review every inserted sentence, section, placeholder, and normal/abnormal statement.
46. Edit the content to match the interpreted study before saving.

Template safety: Templates and macros are reusable wording, not verified findings. Never finalize default normal text or copied conclusions that you have not personally confirmed.

Personal and facility macros

- Filter macros by All, Normal, Abnormal, or Custom category.
- Select the target section before inserting reusable text.
- Use New Personal Macro to create doctor-owned text with a clear name, shortcut, category, target, and expansion.
- Deactivate only your own personal macro when it should no longer be used.
- Facility macro creation or governance requires separate administrative permission.

Personal report template library

- Open Report Templates from the sidebar or Manage Templates from the report workspace.
- Create, edit, duplicate, favorite, or deactivate doctor-owned personal templates.
- Duplicate an approved facility/global template into your personal library before making personal changes.
- Review personal version history and restore only an appropriate doctor-owned version.
- Do not place unnecessary patient information, a fixed Reported By identity, or a signature image in reusable template text.
- Facility/global sharing, approval, retirement, and governance are not included in the default Radiologist role.

Local-only dictation

47. Choose the Dictate into target section.
48. Select Start Local Dictation only when the browser reports local-only processing is available.
49. Speak, review the interim transcript, and select Stop Local Dictation when finished.
50. Correct every recognition error before saving; dictation does not transfer clinical responsibility.

SERIX blocks cloud fallback. When the browser cannot guarantee on-device processing or the administrator disables the capability, Start Local Dictation remains unavailable.

Save Draft, auto-save, and recovery

- Save Draft creates a report version and requires a meaningful draft reason.
- Server recovery copies protect bounded work but do not create a signed or official report version.
- Report text is not stored in browser persistence by the recovery control.
- Use Recover Newer Copy only after comparing timestamps; review the restored content and then Save Draft.

- Preview Report shows unsigned output. Draft output is marked DRAFT - NOT YET FINALIZED and does not display the final signature.
- Delete Draft, when permitted, applies only to eligible unsigned drafts and requires an audit reason.

AI Image Assist disclosure

Demo control only: The current AI Image Assist control is for presentation and performs no DICOM analysis. It must not be copied into a clinical report or treated as an AI result.

9. Prior Reports, Peer Review, and Critical Results

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Authorized prior reports and studies

- Prior candidates are limited to facility-authorized earlier finalized reports matched to the patient and relevant examination context.
- Use View Images or View Report to confirm the comparison source before citing it.
- Use for Comparison can place the selected prior in the current draft; review the resulting text and Save Draft.
- No previous studies found means no authorized candidate was returned; it is not proof that no prior exists anywhere.

Double Read / Peer Review

51. Review whether facility policy marks independent review as Optional or Required before finalization.
52. Choose an eligible radiologist, enter a required clinical assignment reason, and select Assign Independent Review.
53. When you are the assigned reviewer, review the exact source version and choose Agree, Minor discrepancy, or Major discrepancy.
54. For a discrepancy, enter a concise discrepancy summary and decision reason, then select Record Decision.
55. If the author edits or saves a new report revision, verify whether the earlier review became stale and repeat the required process.

Version binding: A peer-review decision is tied to the exact report version and edit revision. An edit can make the earlier decision stale, and required finalization controls can remain blocked until the current revision is reviewed.

Critical Result Ledger

56. Select Urgent, Critical, or Life threatening severity according to clinical and facility policy.
57. Enter a concise clinical finding and the intended recipient, then select Open Critical Result Event.
58. Perform the required direct communication outside the software when policy requires it.
59. Select Record Delivered to record the delivery attempt and destination.
60. Enter a useful delivery/acknowledgement note and select Acknowledge when confirmation is obtained.
61. If the escalation deadline is reached, document the reason and select Escalate while following the facility escalation tree.

Communication is clinical work: An in-app status or notification is not proof that required direct critical-result communication occurred. Record the recipient, method, time, outcome, acknowledgement, and escalation according to local policy.

10. Preliminary Signing and Finalization

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Finalization prerequisites

- The study is actively assigned to your authenticated Radiologist account in the selected facility.
- Patient, accession, procedure, images, priors, report text, and attachments have been reviewed.
- Your professional profile and secured digital signature are complete and active.
- The report is in an eligible state and is not locked by another user.
- Any required independent review is complete for the current report revision.
- Required critical-result actions have been documented according to facility policy.

Preliminary signing

62. Review the complete draft and save any changed content.
63. Select Preliminary when the facility uses a two-stage signing workflow.
64. Verify the resulting Preliminary status, signed version, signer, and timestamp.
65. Do not present a preliminary report as the final official result unless local policy explicitly permits that use.

Finalize Report

66. Review the complete study, all relevant priors, report text, clinical workflow items, and pending montage attachments.
67. Confirm Reporting Radiologist / Reported By displays your authenticated identity.
68. Select Finalize Report.
69. Read the confirmation that finalization electronically signs the report and locks ordinary editing.
70. Select the affirmative confirmation personally. Initial finalization does not request your password.
71. Wait for the success response; do not click Finalize repeatedly while the request is pending.
72. Verify Finalized status, signer, version, and finalization time before leaving the case.

No password for initial finalization: The authenticated radiologist session and explicit irreversible confirmation authorize initial finalization. Password entry is reserved for later signed addenda, amendments, or corrected reports.

What finalization preserves

- Authenticated radiologist user ID and immutable identity snapshot.
- Name, title, PRC, optional PTR/accreditation, specialty, and signature snapshot.
- Exact signed report version, timestamp, authenticated session context, and relevant audit event.
- Associated PDF version and frozen montage/report attachments.

Never finalize for another radiologist: Do not share sessions, use another person's account, upload another radiologist's signature, or ask an administrator to finalize under a clinical identity. Finalization must be personally completed by the authenticated reporting radiologist.

11. Official PDF, Print, and Export

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Preview and Print Report

- Preview Report is for reviewing layout and content before signing.
- Print Report can print the current preview, but unsigned output remains a draft and must not be represented as final.
- Collect printed pages immediately and dispose of incorrect or test copies through confidential waste.

Export PDF

73. If the report is already eligible and signed, select Export PDF.
74. If the control shows Finalize & Export, read the warning: the system will save changed text, finalize the report, and lock ordinary editing before creating the PDF.
75. Confirm only after completing the finalization checklist.
76. Open or download the official PDF and verify every page.
77. Confirm patient and examination identity, report content, signer, signature, status, version, date/time, and verification reference.

Official PDF content and version safety

An official PDF is generated from an eligible signed report version. It can include facility branding, patient/examination information, report content, signer details, signature, finalization time, version, page number, verification reference, QR verification code, and confidentiality notice.

- An older signed PDF is not silently rewritten after later profile, template, or branding changes.
- After a correction, verify that the intended latest eligible signed version is being viewed or distributed.
- This release produces a standard PDF; do not represent it as PDF/A unless an approved conformance validation process has confirmed that format.
- Do not alter, rename deceptively, or combine a signed PDF with unrelated pages.

Distribution boundary: The default Radiologist role does not include secure-share creation or result release. Use the facility's authorized distribution workflow and personnel after verifying the official PDF.

12. Corrected Reports and Immutable Version History

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A finalized report is immutable. The current compact reporting workspace exposes Corrected Report for a later clinical change. It creates a new signed version and preserves the original report, signer, finalization time, and earlier PDF.

Signed version types

Version type	Meaning	Current operator note
Final	Original official signed report version.	Locked against ordinary editing.
Corrected	New immutable signed version with corrected report content.	Exposed through Corrected Report; reason and current password are required.
Addendum / Amended	Earlier or integration-created signed lifecycle versions that remain preserved when present.	They can appear in history/search, but separate Sign Addendum/Sign Amendment controls are not exposed in the current compact workspace.

Sign a Corrected Report

78. Open the correct finalized report and confirm the patient, accession, facility, report ID, and current signed version.
79. Open Clinical Workflow and Turnaround, then locate Corrected Report.
80. Revise the report content and enter a meaningful required correction reason without unnecessary patient details in the audit reason.
81. Enter your own current password when the signing control requests reauthentication.
82. Select Sign Corrected Version and wait for success.
83. Verify the new immutable version, signer, timestamp, version history, and latest PDF.
84. Complete any required notification or distribution through authorized personnel and policy.

Password behavior: A current-password prompt for Sign Corrected Version is expected. Enter only the password for the same authenticated radiologist. Never use an administrator's or another radiologist's credentials.

Preserve history: Do not attempt to overwrite, delete, or conceal the original signed report. The correction workflow exists to preserve a complete clinical and legal version history.

13. Daily Checklist, Search, and Handover

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Start-of-session checklist

- Use your own account and confirm the correct active facility.
- Confirm your professional profile and signature prerequisites remain current.
- Review Emergency/Critical, STAT, Urgent, and aged assigned cases.
- Check priority notifications, report locks, required peer reviews, and open critical-result events.
- Confirm the workstation, viewer, and network are suitable before beginning diagnostic work.

Per-case completion checklist

- Patient and study identity verified with at least two identifiers.
- All required images, series, quality, and relevant priors reviewed.
- Report text, template content, macros, dictation, and attachments personally reviewed.
- Peer review and critical-result actions completed when required.
- Finalization completed personally and the official PDF checked page by page.

Search signed reports

Open Reports to search signed reports within the current facility and your assignment scope. Filter by available patient, accession, modality, date, status, or report criteria, and download the latest generated PDF only after confirming the version. Use Studies - not Reports - to reopen an editable reporting workspace.

Handover and end of session

- Save unfinished work as a draft and provide an approved clinical handover without sharing credentials.
- Resolve any active edit-lock conflict before another radiologist continues the assigned work.
- Ask an authorized assigner to perform reassignment when ownership must change.
- Do not leave open critical-result events, required peer reviews, or failed finalization attempts without escalation.
- Close viewer/report tabs, log out, and secure printed output.

14. Troubleshooting

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Symptom	Likely cause and response
Assigned study is missing	Confirm active facility and filters, refresh, and ask an authorized assigner to verify the active assignment. A Radiologist cannot access an unassigned study.
Assign action is missing	Expected for the default Radiologist role. Chief Rad Tech, Facility Administrator, System Administrator, or Central Administrator performs assignment.
Page or button is missing	The role, facility, assignment, report state, or permission does not allow it. Sign out/in after a policy change and do not borrow another account.
Report action is disabled	The study can be inactive, lack a reviewed authoritative order link, be outside your assignment, or fail the reporting permission check. Ask authorized staff to reconcile/assign it.
Viewer is blank	Relaunch from the assigned study, confirm the correct series exists, wait for progressive loading, and record any 401/403 or DICOMweb message.
Viewer returns 401 or 403	The short-lived/login session expired, access is denied, or the assignment was removed. Close the tab and relaunch from Studies; do not reuse a copied URL.
MPR / 3D is blocked	The series may be incomplete or non-reconstructable. Use the acquisition stack and request a complete thin-slice series.
Report is read-only	It may be finalized, assigned elsewhere, or locked by another user. Check status, assignment, and lock before coordinating.
Save Draft fails	Enter the required draft reason. If a revision conflict appears, reload the latest report, reapply verified changes, and save against the current revision.
Recovery copy is available	Compare the timestamp, recover if it is newer, review all content, and select Save Draft. Recovery is not a report version.
Attach Montage is disabled	The artifact may not be eligible, may belong to another study/facility, the report may be finalized/locked, or permission is unavailable.
Cannot finalize report	Confirm assignment, facility, profile, signature, report state, lock, required peer review, and irreversible confirmation. Initial finalization does not require a password.
Finalize returns 401	The session/account is expired, inactive, or locked. Sign in again or ask an administrator to restore the account; do not keep retrying.
Finalize or export returns 403	The server denied the actor, facility, assignment, report state, or permission. Reopen the assigned case in the correct facility and review status rather than retrying under another account.
Peer review blocks finalization	Obtain an agreeing independent decision for the exact current revision. Editing or saving a new revision can make the earlier review stale.
Corrected Report asks for password	Expected reauthentication. Enter the current password for the same authenticated radiologist.
Official PDF unavailable	Only eligible signed versions generate an official PDF. Use Preview/Print for an unsigned draft and do not represent it as final.
No eligible montage attachment	Finalize/export the correct study-bound montage PDF first, then return to the editable report and refresh the attachment list.
Official montage Print is disabled	Expected for the canonical Radiologist role; montage printing is not granted by default.
Prior is unavailable	No authoritative same-patient prior was returned, or image/report access is outside the authorized assignment/facility scope.
Critical event remains open	Record delivery and acknowledgement; escalate when due and follow the facility communication tree.

What to collect for support

- Date and time with timezone, signed-in username, role, and active facility - never the password.
- Page/module, exact action, report status, and the complete displayed message.
- Accession, report ID, order ID, or StudyInstanceUID only when needed and sent through an approved secure channel.
- Whether the issue affects one study, one workstation, one facility, or all assigned work.

- For viewer performance: modality, series count, image count, first-image timing, and a policy-approved PHI-safe snapshot when requested.

15. Privacy, Clinical Safety, and Acceptable Use

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Protect patient information

- Access only records needed for your active assignments and clinical duties.
- Do not place patient information in passwords, personal cloud storage, browser bookmarks, public URLs, unrestricted logs, chat messages, or ordinary support tickets.
- Do not photograph or capture clinical screens unless an approved clinical or support process requires it.
- Collect printed reports immediately and use approved confidential disposal.
- Lock the workstation when stepping away and log out at the end of use.

Clinical safety

- Confirm patient, facility, accession, study completeness, and image quality before reporting.
- Treat templates, macros, and dictated text as editable content rather than conclusions.
- Do not use demo AI content, non-diagnostic JPEG output, or unvalidated reconstructed images for diagnosis.
- Review all pages of the final PDF and every attached montage before authorized distribution.
- Use the critical-result ledger plus the facility's direct communication policy for urgent findings.

Report a security or clinical incident

Immediately report wrong-patient data, unexpected cross-facility access, a report signed by the wrong identity, suspected account compromise, exposed viewer/share links, lost printed output, missing audit events, or altered audit integrity. Preserve evidence and avoid further changes unless directed by the incident-response owner.

Do not bypass controls: A missing button, denied request, edit lock, or 403 response is a safety boundary. Do not use shared credentials, direct URLs, administrator sessions, browser developer tools, or repeated requests to bypass it.

Appendix A. Status and Action Reference

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Status	Meaning for the radiologist	Typical action
For Reporting	The study is ready for interpretation and requires an authorized assignment.	Open only when assigned to you.
Draft	Unsigned editable report content exists.	Review, save, preview, and continue.
Preliminary	A preliminary signed version exists.	Complete required final review.
For Approval	The report awaits an authorized approval step.	Review according to facility workflow.
Finalized / Final	An official signed report version is locked.	Verify the official PDF.
Addendum	A signed supplementary version follows the original final report.	Use the latest eligible version and preserve history.
Amended	A signed amended version follows the original final report.	Verify version history and PDF.
Corrected	A new immutable corrected version exists.	Use the latest signed correction.
Released	Authorized result access was granted by a permitted workflow.	Do not duplicate distribution.
Unmatched	The study is not reliably linked to the intended patient/order.	Stop; request reviewed reconciliation.
Locked	Another user or immutable state prevents ordinary editing.	Check assignment/status and coordinate.

Appendix B. Radiologist Permission Matrix

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Function	Default Radiologist access	Important boundary
Assigned studies	Allowed	Only active assignments in authorized facilities.
Unassigned or other radiologist studies	Denied	Search filters and copied URLs cannot expand access.
Study assignment / self-assignment	Denied	Performed by the four authorized assignment roles.
SERIXViewer	Allowed for assigned studies	Launch through short-lived SERIX authorization.
Report draft / preview	Allowed	Subject to report state, assignment, and edit lock.
Personal template and macro	Allowed	Ownership-scoped; review every inserted statement.
Facility/global template administration	Denied by default	Requires separate governance permissions.
Preliminary / final signing	Allowed when eligible	Must use the authenticated radiologist identity.
Initial finalization password	Not required	Irreversible confirmation remains required.
Corrected Report	Allowed when eligible	Current UI requires corrected content, a reason, and current-password reauthentication.
Addendum / amended history	View when present	Separate signing controls are not exposed in the current compact workspace.
Official signed PDF	Allowed when eligible	Verify every generated page and version.
Montage report attachment	Allowed when enabled	Same study/facility and eligible artifact only.
Montage printing / raw DICOM export	Denied by default	Not part of the protected report attachment path.
Result release / secure share	Denied by default	Use authorized distribution personnel and policy.
Study reconciliation / deletion	Denied	Handled by authorized operational or administrative roles.

Appendix C. Support and Escalation Checklist

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Contact

Item	Value
Support email	contactus@nabimedicalequipment.com
System URL	https://serix.nabimedicalequipment.com
System	SERIX RIS/PACS
Provider	Nabi Medical Equipment Trading

Severity guide

Severity	Examples	Response
Critical	Wrong patient/facility data, report signed by wrong identity, suspected breach, archive unavailable, audit-integrity failure.	Stop affected work, preserve evidence, and escalate immediately.
High	Required images cannot load, finalization/PDF unavailable for an urgent case, critical-result workflow failure.	Escalate promptly with identifiers and timestamps through an approved channel.
Normal	Permission request, template update, minor display issue, or non-urgent workflow question.	Submit reproducible steps without unnecessary patient information.

Before sending a request

- Remove passwords, access tokens, signature files, and unnecessary patient information.
- Use an approved secure communication channel for required identifiers.
- State what should have happened and what actually happened.
- Include the exact error, date/time, facility, role, status, and reproducible steps.
- Explain whether the issue affects one case, one workstation, one facility, or all assigned work.

Appendix D. Glossary

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Term	Plain-language meaning
Accession number	Facility-scoped identifier linking the imaging order, DICOM study, and report.
Assigned-only access	Radiologist access limited to active assignments for the signed-in user.
Critical-result event	Audited record used to track urgent finding delivery, acknowledgement, and escalation.
DICOM	Standard for medical imaging files, metadata, and network communication.
Edit lock	Temporary coordination control that prevents competing report edits; it is not a study assignment.
Finalization	Authenticated radiologist action that electronically signs and locks an official report version.
Montage	Saved arrangement of verified key images and optional current/prior comparison.
PACS	System used to archive, search, retrieve, and view imaging studies.
Peer review	Independent review bound to an exact report version and edit revision.
Preliminary report	Signed report version that has not completed the final reporting state.
Prior	Authorized earlier study/report candidate matched to the patient and relevant examination context.
Reported By	Immutable reporting identity derived from the authenticated radiologist who signs.
RIS	System used for patient, order, schedule, workflow, and reporting information.
StudyInstanceUID	Globally unique identifier for one DICOM study.

End of radiologist manual: Keep this manual available to authorized radiologists and review it whenever SERIX permissions, reporting workflows, facility policy, or clinical validation status changes.