

Diagnostic Imaging Central Intake

Physician Concerns

August 2026



Summary

Many physicians have raised concerns with Doctors Manitoba about lengthy delays at Diagnostic Imaging Central Intake, operated by Shared Health. Based on the volume of concerns, Doctors Manitoba engaged physicians more broadly to seek more structured, constructive, and balanced feedback about the issue.

The consultation was undertaken in June 2026 with 68 physicians participating.

Overall, physicians experience frustrating and lengthy delays when sending requisitions to DI Central Intake. Requisitions are faxed, with no ability for physicians to easily track their status. Physicians report that over three quarters of requests take at least four weeks to receive a confirmation it has been received and accepted. Most physicians are spending multiple hours every week tracking and following up on requisitions.

While the administrative burden is an issue for physicians, their top concern is about the impact on their patients. Physicians offered numerous examples of how central intake delays are impacting patients.

This includes delays in cancer diagnosis, staging and treatment decisions, as well as delaying surgery and affecting care during pregnancy. Notably, over 60% of physicians reported seeing worse patient outcomes due to these delays.

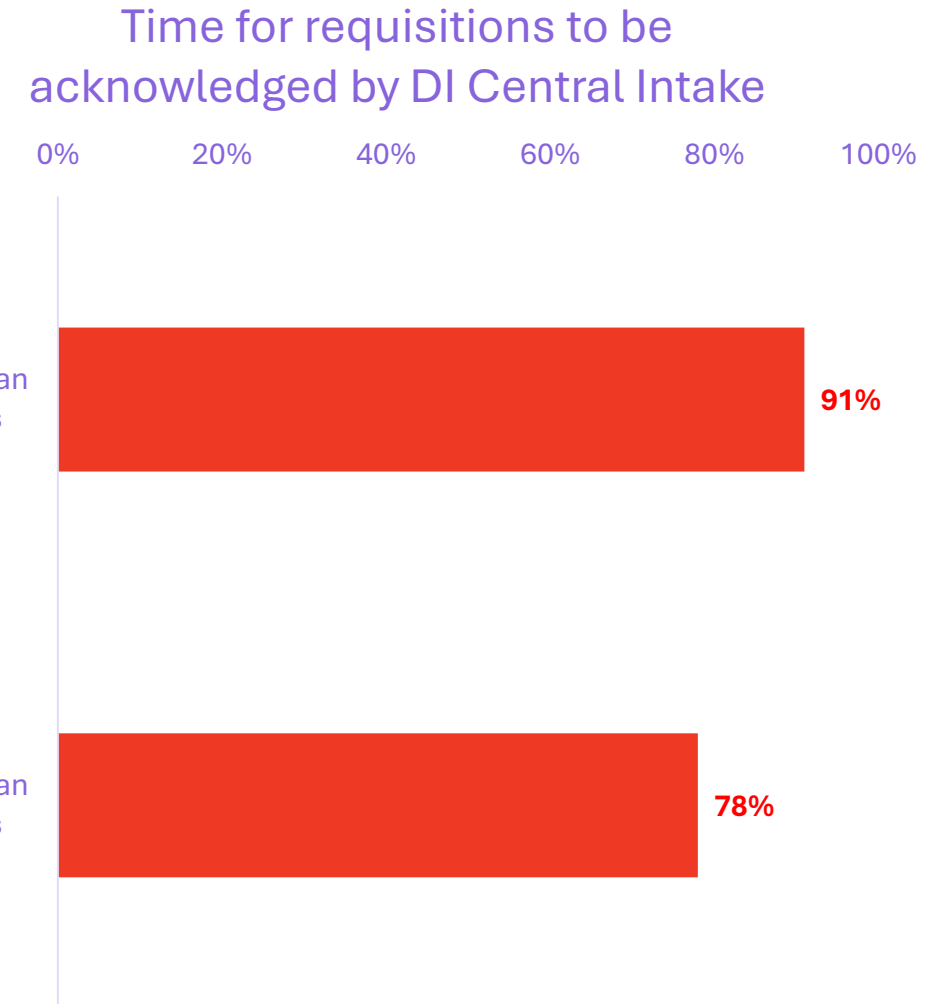
Beyond central intake, physicians identified broader concerns and opportunities to improve diagnostic imaging. This includes simpler order forms, the potential of more community-based testing options, and the need to reduce wait times to a more reasonable level.



Central Intake Delays

Physicians reported that over three quarters of diagnostic imaging requests take over four weeks to be acknowledged as received by DI Central Intake.

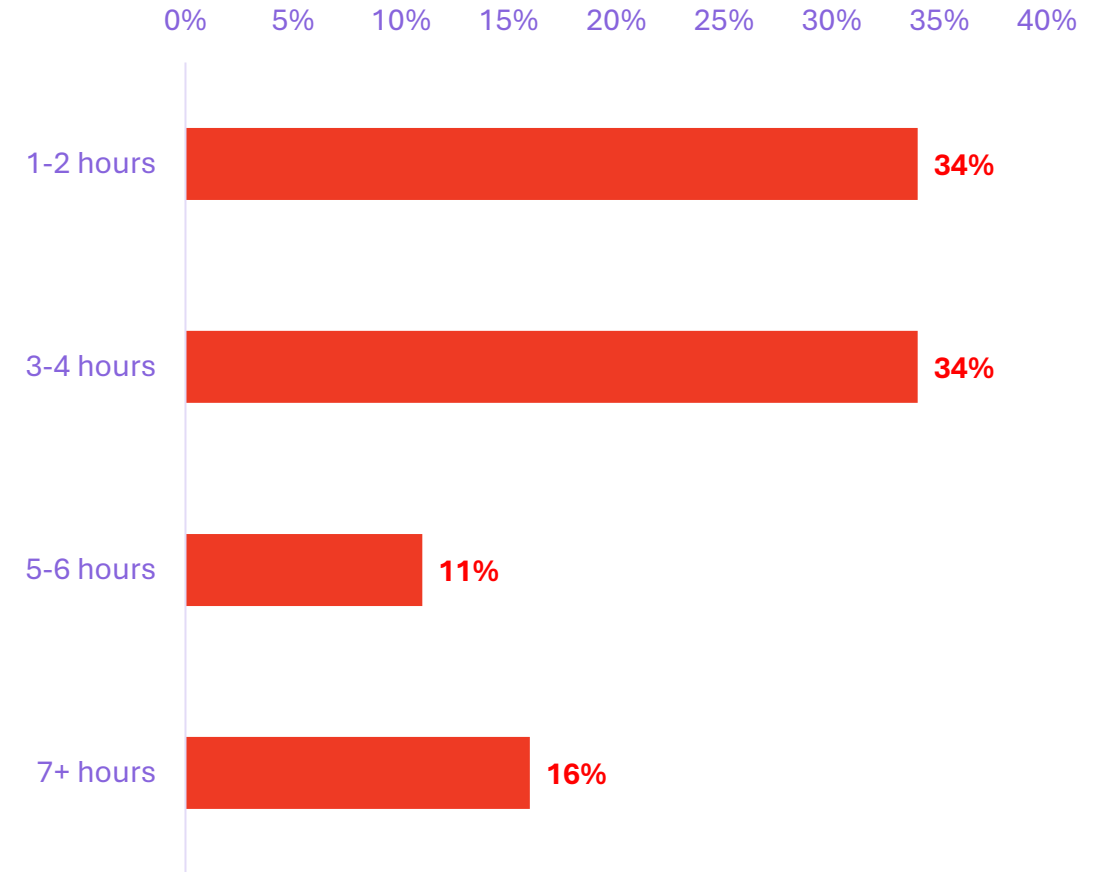
This effectively adds at least a month to the wait times for testing reported publicly by Manitoba Health.



Central Intake Delays

Until DI Central Intake responds acknowledging receipt of and accepting a requisition, physician practices track requests to ensure none are lost, which happens especially using a one-way, outdated, and unreliable technology such as fax machines.

Additional time each week to track and follow up on pending requisitions



Impact on Physician Practices

Physicians are frustrated about the delays at DI Central Intake.

“[Central intake] has been quite terrible. For example, holding onto requisitions for 6 months then sending a rejection letter because allergies aren’t filled out (for a scan that doesn’t require imaging enhancing agents no less!!!)”

“There are also many times where I have been waiting for a scan and central intake has “lost” the requisition”

“Requisitions didn't get through, we never found out, until months/year later when patient in for different issue! ”

“I have had to order alternate more invasive tests due to the delays.”

Radiologists are also concerned about the process.

“Some reqs are stuck for months before they show up on site for us to deal with. What might have been considered elective then is now critical.”

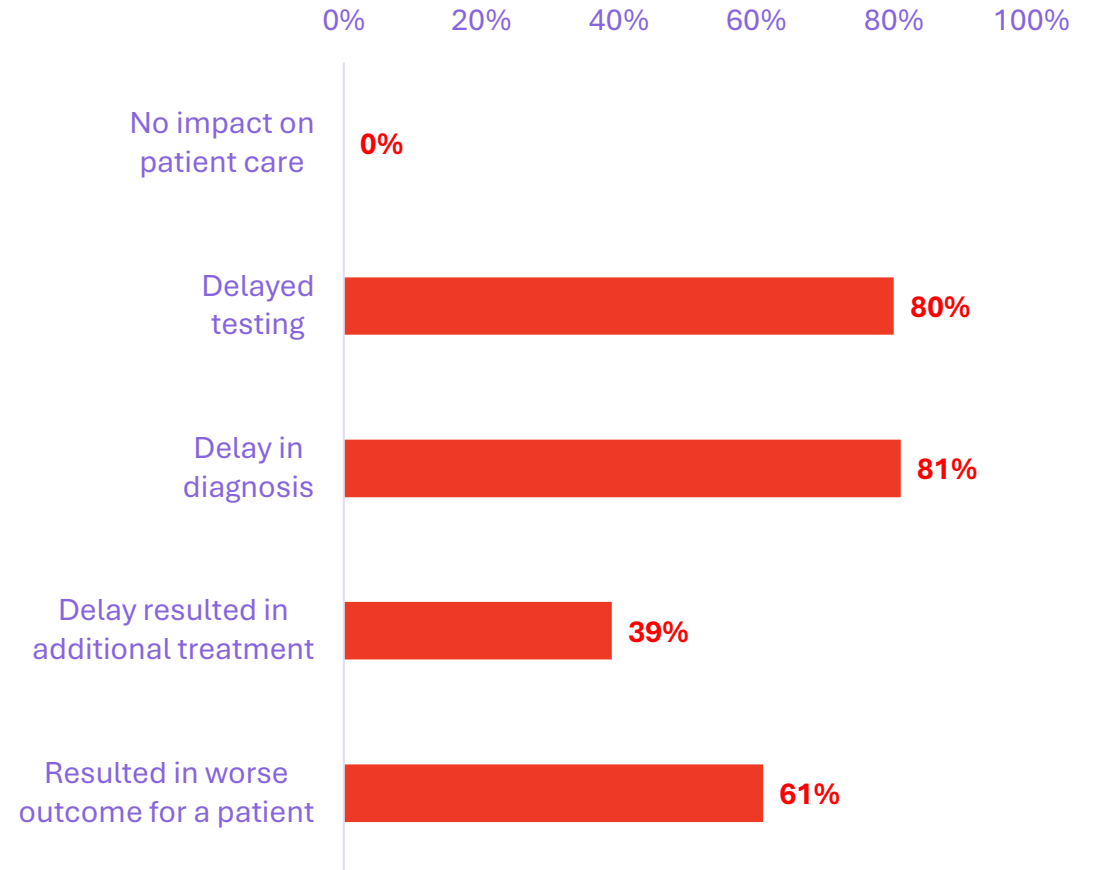
“I don’t trust central intake. If a colleague contacts me I tell them to just send the req directly to my hospital because that is the only reliable way to get their imaging done.”

Delays Impacting Patient Care

Physicians reported that the delays at central intake is having a direct impact on patient care.

- 4 in 5 physicians reported delays in testing and diagnosis
- 3 in 5 reported a worse outcome for patient(s) under their care
- 2 in 5 reported that additional treatment was required that might have otherwise been avoided if not for the central intake delays.

What impacts has central intake delays had on patient care in your practice?



Central Intake Delays Impacting Patients

Physicians provided many examples of the impacts central intake delays have on their patients. Themes are summarized below with sample quotes to illustrate the concerns.

Delayed Surgery

Many physicians provided examples where decisions about surgery were delayed due to central intake delays.

“A patient’s req was sent in [three months ago] and we still don’t have a date. Surgeon can’t proceed with any further treatment until the scan is done. We have not been able to track where in the process the req is.”

Maternal Care Delays

Time-sensitive requisitions related to pregnancy have faced the same central intake delays.

“Patient experienced spotting and cramping in pregnancy at 8 weeks, with previous history of miscarriage. Requested urgent dating US, no response for weeks.”

Delayed Cancer Diagnosis and Poorer Outcomes

Most examples related to delays in cancer diagnosis, staging or treatment planning.

“I suspected malignancy - marked the CT req as urgent with a detailed history. Took 3 months to get a date - by then, there was Mets.”

“Patient can get a scan in an ED/UC much easier than in primary care. It breaks my heart that emergency physicians are telling my primary care patients about a cancer diagnosis because the system couldn’t accommodate my urgent request.”

“Had a patient with symptoms concerning for, but not definite of cancer. I requested an expedited exam. We tried to contact Central Intake. They do not take messages. The requisition was not sent from central intake for up to four weeks and then was booked two weeks after that. The patient was found to have early metastatic disease to liver and lungs. It is conceivable that this may have already been present. However, the delay did not help and certainly caused emotional harm to the patient.”

Opportunities to Improve Diagnostic Imaging

Physicians offered several suggestions to improve diagnostic imaging, with the goal of reducing wait times for patients.

Fix or Scrap Central Intake

At the end of the day, physicians need to know requisitions were received and accepted, either by Central Intake or a hospital.

“Confirmation of receipts with estimated wait times should be provided and a contact number provided if this wait time is not acceptable.”

“A lot of the fundamental issues like having transparency in knowing where order requests are should not be an issue in this day and age. I have low confidence in Shared health to actually deal with these issues.”

“Everyone should know they are on the wait list in stead of being under the misguided impression that they are being taken care of when their requisition has been misplaced or lost.”

Frustration with Forms

Requisition forms were described as overly complicated and confusing.

“Consolidate to a single form for US, X ray, CT, nuclear, MRI.”

“Why ask for patient info that is not required for a scan, like allergies for non-contrast CT?”

“Do they even ask ordering doctors if the form makes sense before they publish it?”

Allow More Community-Based Imaging

Physicians suggested Manitoba amend the rules to support more community-based testing, particularly for ultrasound.

“Why can’t patients go to a community location for ultrasound testing like the can for x-ray. There is zero wait time for an x-ray. That model works well.”

Wait Times a Top Concern

Central Intake delays aside, physicians are very concerned about excessively long wait times for the actual test after the requisition is processed.

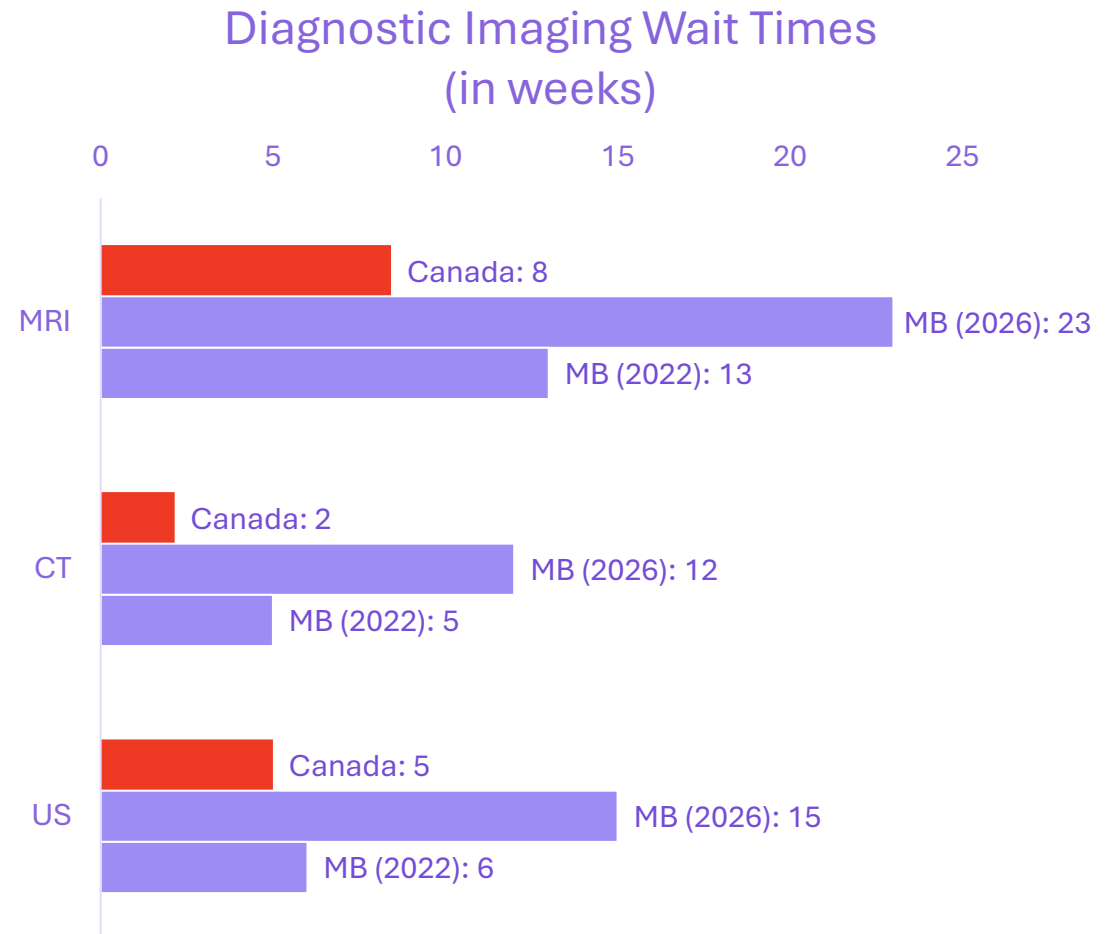
“Pts end up showing up at ER making wait times for ER worse because they are tired of waiting for outpt imaging.”

“Any CT or MRI should be done within three months. Wait times beyond that are unacceptable. The requesting physician is carrying the responsibility if there is a delay in care.”

“I have asked for several "urgent" CTs that have now been pending for greater than 6 months. These are supposed to get done in a 2 week delay. Any elective CTs that I have ordered are now at well over a year for wait times. “

“We urgently need more diagnostic facilities, scanners and staff.”

“If I needed imaging, I would pay privately somewhere else to get it done (or do the same for my family), because current wait times here are unacceptable.”



Source: Manitoba wait times from [Manitoba Health wait time reporting site](#), with 2026 reflecting the most recent month available (March). Canadian median waits are reported from the [CIHI priority procedure report](#) for MRI and CT. For Ultrasound, the only available national data was available from the annual [Fraser Institute report](#).