

Mallinckrodt Institute of Radiology - Barnes-Jewish Hospital  
PHYSICIAN REQUEST FORM FOR I-131 MIBG IMAGING

Use this form only if I-131 MIBG really is intended rather than I-123 MIBG

**Instructions:** Fax completed form to (314) 454-8254. We will call back to confirm the date and time for the study.  
Call (314) 454-7997 if you have questions.

Patient: \_\_\_\_\_ Sex: \_\_\_\_ Birth Date: \_\_\_\_\_ Phone \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone/Beeper: \_\_\_\_\_

Date I-131 MIBG to be Given? \_\_\_\_\_ Date of Imaging? \_\_\_\_\_ Patient Weight: \_\_\_\_\_ kg  
[Usually 48 hours]

**Pertinent History and Results of Other Imaging Studies:**  
[Or attach relevant records]

List ALL Current Medications (including OTC drugs):

**Serum or Urine Catecholamines:**

<u>Date</u>	<u>Test</u>	<u>Result</u>	<u>Normal Range</u>
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**Please Confirm the Following**

Patient has not taken any of the following for at least 4 weeks (preferably 6 weeks) before study to begin: reserpine, tricyclic antidepressants, phenothiazines? **CONFIRMED** \_\_\_\_\_

Patient has not taken any of the following for at least 1 week before study to begin: labetalol; calcium-channel blockers; and sympathomimetic drugs, e.g., decongestants/diet pills containing phenylephrine, phenylpropanolamine, pseudoephedrine (Sudafed, Actifed)? **CONFIRMED** \_\_\_\_\_

Prescription given to patient for SSKI to be taken for 1 week after I-131 MIBG. **CONFIRMED** \_\_\_\_\_

**If the Patient is a Female, Indicate:**  Beta-HCG will be obtained on \_\_\_\_\_ **OR**

Patient is:  Premenarchal  Postmenopausal  S/P Tubal Ligation/Hysterectomy

[Pregnancy test must be obtained in all women of childbearing potential and should be obtained as close as possible ( $\leq 7$  days) to date of I-123 MIBG administration. Fax Beta-HCG results if not in BJC Clinical Desktop.]

**Lactating or Breast Feeding?**  Yes  No

**NOTE:** I-131 MIBG is very expensive. Thus, it is essential that patient not take any potentially interfering medications, keeps the appointment for injection, and be able to undergo imaging at 24 hrs ( $\pm 48$  hrs).  
**Pre-certification may be necessary.**

\_\_\_\_\_  
Date Requesting Physician Signature M.D. \_\_\_\_\_ M.D.  
Nuclear Medicine Physician Signature

Radiopharmacy Notified

Check for current form at:

<http://gamma.wustl.edu/division/clinical-information.html>

Starting Date:

Revised 26-Jan-10

For Nuclear Medicine Use Only