Mallinckrodt Institute of Radiology - Barnes-Jewish Hospital
PHYSICIAN REQUEST FORM FOR SOMATOSTATIN-RECEPTOR IMAGING WITH In-111 PENTETREOTIDE (OCTREOSCAN®)

Instructions: Fax completed form to (314) 362-1032. We will call back to confirm the date and time for the study. Call (314) 454-7997 if you have questions.

Patient: _____ **Gender**: ___ **Birth Date**: _____

Referring Physician: _____ **Phone/Pager:** _____

Date In-111 Pentetreotide to be Given? _____ **Patient Weight:** _____kg
[Imaging is routinely performed at 4 hours and 18-24 hours, and occasionally at 48 hours.]

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

Is patient being treated with Octreotide (Sandostatin®)? _____**Yes** ____**No**
[Octreotide (Sandostatin®) should be withheld for 48-72 hours before imaging, if possible]

Laboratory Tests Indicative of Presence of a Neuroendocrine Tumor:

Date	Test	Result	Normal Range

Please Confirm the Following

Patient does not have known sensitivity to Octreotide (Sandostatin®). **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 (≤ 7 days) to date of In-111 pentetreotide administration. Fax Beta-HCG results if not in BJC Clinical Desktop.]

Lactating or Breast Feeding? ☐ Yes ☐ No

NOTES: In-111 pentetreotide is very expensive and is ordered specifically for each patient study. It is essential that the patient keep the appointment for injection and be able to undergo imaging at 4 and 24 hours.

Any cancellation noticed must be received by noon, two business days before scheduled study date.

Pre-certification may be necessary.

Provide patient phone numbers. If we cannot reach the patient to confirm appointment, the test will be cancelled.

Patient Home _____ Work _____ Cell _____

_____ _____ M.D. _____ M.D.

Date Requesting Physician Signature Nuclear Medicine Physician Signature

Check for current form at:
http://gamma.wustl.edu/division/clinical-information.html

Revised 20 Sep 2019

Starting Date: _____

For Nuclear Medicine Use Only