Mallinckrodt Institute of Radiology - Barnes-Jewish Hospital
PHYSICIAN REQUEST FORM FOR THYROID IMAGING IN PATIENTS WITHOUT HYPERTHYROIDISM

Instructions: Fax completed form to (314) 362-0414. We will call back with the date and time for the thyroid imaging. Call (314) 362-2802 if you have questions.

Patient: ___________________________ Sex: _______ Birthdate: __________________

Requesting Physician: ___________________________ Phone/Beeper: __________________

Pertinent History/Complicating Medical Problems:

Laboratory Data:

Any Interfering Medications? (e.g., thyroid hormone, iodinated contrast agents, amiodarone, PTU)

Reason for Study (select from list below):

☐ Solitary or dominant nodule: evaluate function to assess risk of malignancy.
   (Note that fine-needle aspiration biopsy is a more accurate diagnostic approach.)

☐ Solitary nodule: evaluate for multinodularity.
   (Note that ultrasonography is more sensitive approach with no radiation exposure.)

☐ Solitary nodule with equivocal results of fine-needle aspiration biopsy.
   (Scintigraphy can be useful; I-123 imaging generally preferable.)

☐ Evaluate morphology of multinodular or diffuse goiter.
   (How will results influence management?)

☐ Equivocal physical examination results: evaluate for nodule.
   (Note that ultrasonography is more sensitive approach with no radiation exposure.)

☐ Evaluate neck mass (? relation to thyroid) or metastatic cancer unknown primary source.
   (Other tests such as ultrasonography, CT or PET/CT are more likely to be useful.)

☐ Evaluate for substernal goiter.
   (CT is generally the preferred approach. If scintigraphy needed, I-123 generally preferable.)

☐ Evaluate for other ectopic thyroid tissue (e.g., lingual) or exclude that “thyroglossal duct cyst” is patient’s only thyroid tissue.
   (Scintigraphy can be useful.)

☐ Other: Specify ___________________________

Comments:

Study Requested (Check one): Thyroid imaging with: ☐ Tc-99m pertechnetate ☐ I-123 ☐ Tracer chosen by NM

☐ Nuclear Medicine Physician must confirm whether Tc-99m ☐ or I-123 ☐
   If I-123, indicate that radiopharmacy was notified ☐

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

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