

**Mallinckrodt Institute of Radiology - Barnes-Jewish Hospital**  
**PHYSICIAN REQUEST FORM FOR I-131 WHOLE-BODY IMAGING**

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

**Patient:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

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

**Pertinent History:**

- Study Type:** [Select one]  **Imaging after I-131 Therapy by Radiation Oncology**  
**Date of Imaging?** \_\_\_\_\_ (Usually 3-5 days after dose)  
(Sign below, but do not complete rest of form.)
- Whole-body Imaging (5 mCi adult-dosage study)** (Complete rest of form.)

**Prior Contrast/Date?** \_\_\_\_\_ / \_\_\_\_\_ [Should be > 6 weeks before date I-131 to be given]

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b><u>Thyrogen Pretreatment</u></b> | <input type="checkbox"/> <b><u>Withdrawal Type A (3 wks)</u></b> | <input type="checkbox"/> <b><u>Withdrawal Type B (6 wks)</u></b> |
| 1. Administer TSH on days 1 and 2                            | 1. Discontinue all thyroid hormone.                              | 1. Substitute T3 (Cytomel) for T4 (Synthroid) for 4 weeks        |
| 2. Administer I-131 on day 3                                 | 2. Obtain TSH 16 days after stopping thyroid hormone             | 2. Discontinue all thyroid hormone for 2 weeks.                  |
|  | 3. Administer I-131 if TSH $\uparrow^*$                          | 3. Obtain TSH 10 days after stopping T3.                         |
|  |  | 4. Administer I-131 if TSH $\uparrow^*$                          |

$\uparrow^*$  The serum TSH should be  $>30 \mu\text{U/mL}$ . If not, the study should be postponed until an elevated TSH is documented upon repeat measurement.

**TSH to be obtained?** \_\_\_\_\_ **When?** \_\_\_\_\_ **Result?** \_\_\_\_\_

**If the Patient is a Female, Indicate:**  Pregnancy test will be obtained on \_\_\_\_\_ **OR**  
Patient is:  Premenarchal  Postmenopausal  S/P Tubal Ligation  S/P Hysterectomy  
[Pregnancy test must be obtained in all women of childbearing potential and should be **obtained  $\leq 3$  days** (preferably  $\leq 1$  day) before date of I-131 administration. Fax results if not in BJC Clinical Desktop or All Scripts.]

**Lactating or Breast Feeding?**  Yes  No  
[I-131 therapy should be delayed for  $> 3$  months postpartum or after cessation of breast feeding.]

**Date I-131 to be Given?** \_\_\_\_\_ **Date of Imaging Study?** \_\_\_\_\_  
[Usually 2 or 3 days after dose.]

**Patient Disposition After Imaging:**  Home  Referring Physician's Office

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

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

Starting Date:  Revised 07-Jun-17