

**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):**

- |   |  |
|---|--|
| <p><input type="checkbox"/> <b>Solitary or dominant nodule: evaluate function to assess risk of malignancy.</b><br/><i>(Note that fine-needle aspiration biopsy is a more accurate diagnostic approach.)</i></p> <p><input type="checkbox"/> <b>Solitary nodule: evaluate for multinodularity.</b><br/><i>(Note that ultrasonography is more sensitive approach with no radiation exposure.)</i></p> <p><input type="checkbox"/> <b>Solitary nodule with equivocal results of fine-needle aspiration biopsy.</b><br/><i>(Scintigraphy can be useful; I-123 imaging generally preferable.)</i></p> <p><input type="checkbox"/> <b>Evaluate morphology of multinodular or diffuse goiter.</b><br/><i>(How will results influence management?)</i></p> | <p><input type="checkbox"/> <b>Equivocal physical examination results: evaluate for nodule.</b><br/><i>(Note that ultrasonography is more sensitive approach with no radiation exposure.)</i></p> <p><input type="checkbox"/> <b>Evaluate neck mass (? relation to thyroid) or metastatic cancer unknown primary source.</b><br/><i>(Other tests such as ultrasonography, CT or PET/CT are more likely to be useful.)</i></p> <p><input type="checkbox"/> <b>Evaluate for substernal goiter.</b><br/><i>(CT is generally the preferred approach. If scintigraphy needed, I-123 generally preferable.)</i></p> <p><input type="checkbox"/> <b>Evaluate for other ectopic thyroid tissue (e.g., lingual) or exclude that "thyroglossal duct cyst" is patient's only thyroid tissue.</b><br/><i>(Scintigraphy can be useful.)</i></p> |
|---|--|

**Other: Specify** \_\_\_\_\_

Comments:

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

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

*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>

Starting Date: