

**Mallinckrodt Institute of Radiology - Barnes-Jewish Hospital  
PHYSICIAN REQUEST FORM FOR I-123 MIBG IMAGING**

**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:** \_\_\_\_\_ **Sex:** \_\_\_\_ **Birth Date:** \_\_\_\_\_ **Phone** \_\_\_\_\_

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

**Date I-123 MIBG to be Given?** \_\_\_\_\_ **Date of Imaging?** \_\_\_\_\_ **Patient Weight:** \_\_\_\_\_ kg  
[Usually next day]

**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** \_\_\_\_\_

Patient does not have known sensitivity to iodides (since we pretreat with potassium iodide to block thyroid uptake of free I-123). **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-123 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.                      Nuclear Medicine Physician Signature

Radiopharmacy Notified

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

Revised 20 Sep 2019  
Starting Date:

For Nuclear Medicine Use Only