

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"/> <u>Thyrogen Pretreatment</u> | <input type="checkbox"/> <u>Withdrawal Type A (3 wks)</u> | <input type="checkbox"/> <u>Withdrawal Type B (6 wks)</u> |
| 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 ≤ 3 days** (preferably ≤ 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

_____ 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>

Starting Date: Revised 07-Jun-17