

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

\uparrow^* The serum TSH should be >30 μ U/mL. If not, the study should be postponed until an elevated TSH is documented on repeat measurement, unless otherwise directed by attending nuclear medicine physician.

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

_____ M.D.	_____ M.D.
Date	Requesting Physician Signature
	Nuclear Medicine Physician Signature

Check for current form at:
<https://www.mir.wustl.edu/patient-care/referring-physicians/forms-resources/>

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For Nuclear Medicine Use Only