MIBG IMAGING

RECORD OF TELEPHONE SCHEDULING

Patient: ____________________________ Sex: ____ Birthdate: ______ Telephone: ________________

Referring Physician: __________________ Telephone: ____________________________

Pertinent History and ALL Current Medications: Patient Weight: __________ kg

Results of Other Imaging Studies:

Serum or Urine Catecholamines:

<table>
<thead>
<tr>
<th>Date</th>
<th>Test</th>
<th>Result</th>
<th>Normal Range</th>
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CHECKLIST (All must be verified before study can proceed)

1. For an adult patient, there is a strong clinical suspicion (or proof) of pheochromocytoma, paraganglioma, carcinoid, medullary carcinoma, MEN, or other neuroendocrine tumor?

   YES______

   OR

   For a pediatric patient (less than 18 years of age), there is a proven neuroendocrine tumor?

   YES______ Will sedation be necessary? YES____ NO____

2. Referring physician understands that MIBG is very expensive (I-131 MIBG - $2,300 for 0.5 mCi and $5,000 for 1.0 mCi drug charge to patient; I-123 MIBG - $5,100 for up to 10 mCi drug charge to patient; and minimum $1,200 imaging charge)? Pre-certification may be necessary.

   YES_____ OVER

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3. Referring physician also understands that patient must be able to return for imaging at 24 and 48 hours for I-123 MIBG imaging and at 48 hours for I-131 MIBG imaging? Additional delayed imaging may be requested.

YES____

4. 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______________

5. Patient has not taken any of the following for at least 1 week before study to begin: (a) calcium-channel blockers and (b) sympathomimetic drugs, such as decongestants or diet pills containing phenylpropanolamine, phenylephrine, pseudoephedrine (Sudafed, Actifed)?

CONFIRMED______________

See detailed listing of interfering medications in scheduling book for additional information.

6. Patient is male____; postmenopausal female____;
or S/P either tubal ligation or hysterectomy?_____ 

If none of the above, when is pregnancy test (beta-HCG) to be obtained? ______________

Who arranged for test?________________________

7. Patient is not breastfeeding.

CONFIRMED____

8. Patient does not have known sensitivity to iodides and arrangements have been made for patient to begin receiving SSKI (2 drops TID orally) on the day before MIBG to be given and to continue for 3 days after I-123 MIBG is given or 1 week after I-131 MIBG given. 

[See Procedure Manual for Pediatric Dose]

CONFIRMED________

9. Who arranged for SSKI prescription?______________________Sedation?______________________

10. Appointment confirmed with: Radiopharmacy____; Front Desk_____; Floor Supervisor_______?

ALL MUST BE NOTIFIED!! Staff physician must complete Syncor request form for I-123 MIBG.

DATES TEST TO BE PERFORMED: Injection__________________Imaging__________________

_______________________________M.D._____________________________M.D.
Date Scheduling Physician Signature Staff Physician Co-signature

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