

I-123 MIBG

I-131 MIBG

Study Date

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:

<u>Date</u>	<u>Test</u>	<u>Result</u>	<u>Normal Range</u>
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CHECKLIST (All must be verified before study can proceed)

- 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 _____

- 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

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_____

Date

Scheduling Physician Signature M.D.

Staff Physician Co-signature M.D.