Study	Date
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IN-111 CAPROMAB PENDETIDE (PROSTASCINT®) IMAGING

RECORD OF TELEPHONE SCHEDULING

Pat	ient:	_Birthdate:
		Telephone:
Ref	ferring Physician:	_Telephone/Beeper:
Per	rtinent History:	
Ha	s patient had prostatectomy?Yes	No
Ha	s patient had prostatic radiation therapy?	YesNo
Tu	mor Gleason Score:	_
Result of Other Imaging Studies (Bone Scintigraphy, CT, MRI):		
PSA Values (ng/mL):		
Date Result		
What was nadir value of PSA after surgery or radiation?		
CH	ECKLIST (All must be verified before study	can proceed)
1.	Referring Physician understands that In-111 Pro (\$1,700 drug change + minimum \$1,000 imagin	
	YES	
2.	Does the patient require pre-certification for this YES NO	s test?

OVER

3. Referring physician also understands that patient must be able to return for imaging at 4 days (and possibly 6 days) post-injection?

YES _____

4. Patient has not received radiation therapy within 3 months of study?

CONFIRMED _____

5. Is this the first antibody-based imaging study the patient has undergone? If not HAMA (human anti-murine antibody) levels must be measured. This test is performed by Smith-Kline Laboratories, but other laboratories may also be able to do it.

CONFIRMED _____

- 6. Date for study confirmed with Radiopharmacy _____; Floor Supervisor _____
- 7. Front desk notified of patient on schedule?

YES _____

In general, only one patient should be scheduled per day. Mon - Fri; Thurs - Mon; Fri - Tues combinations are acceptable.

DATES TEST TO BE PERFORMED: Injection _____ Imaging _____

Date

Scheduling Nuclear Medicine Physician