

Mallinckrodt Institute of Radiology - Barnes-Jewish Hospital
PHYSICIAN REQUEST FORM FOR I-123 MIBG 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:** _____ **Phone** _____

Referring Physician: _____ **Phone/Beeper:** _____

Date I-123 MIBG to be Given? _____ **Date of Imaging?** _____ **Patient Weight:** _____ kg
[Usually next day]

Pertinent History and Results of Other Imaging Studies:
[Or attach relevant records]

List ALL Current Medications (including OTC drugs):

Serum or Urine Catecholamines:

<u>Date</u>	<u>Test</u>	<u>Result</u>	<u>Normal Range</u>
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Please Confirm the Following

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** _____

Patient has not taken any of the following for at least 1 week before study to begin: labetalol; calcium-channel blockers; and sympathomimetic drugs, e.g., decongestants/diet pills containing phenylephrine, phenylpropanolamine, pseudoephedrine (Sudafed, Actifed)? **CONFIRMED** _____

Patient does not have known sensitivity to iodides (since we pretreat with potassium iodide to block thyroid uptake of free I-123). **CONFIRMED** _____

If the Patient is a Female, Indicate: Beta-HCG will be obtained on _____ **OR**

Patient is: Premenarchal Postmenopausal S/P Tubal Ligation/Hysterectomy

[Pregnancy test must be obtained in all women of childbearing potential and should be obtained as close as possible (≤ 7 days) to date of I-123 MIBG administration. Fax Beta-HCG results if not in BJC Clinical Desktop.]

Lactating or Breast Feeding? Yes No

NOTE: I-123 MIBG is very expensive. Thus, it is essential that patient not take any potentially interfering medications, keeps the appointment for injection, and be able to undergo imaging at 24 hrs (± 48 hrs).

Pre-certification may be necessary.

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

Radiopharmacy Notified

Check for current form at:

<http://gamma.wustl.edu/division/clinical-information.html>

Starting Date:

Revised 24-Apr-09

For Nuclear Medicine Use Only