Mallinckrodt Institute of Radiology - Barnes-Jewish Hospital
PHYSICIAN REQUEST FORM FOR RADIOIODINE UPTAKE AND/OR TREATMENT

Instructions: Fax completed form to (314) 362-0414. We will call back with the date and time for the uptake study. Call (314) 362-2802 if you have questions.

Patient: _____ **Sex**: **Birthdate**: _____

Requesting Physician: _____ **Phone/Beeper:** _____

Pertinent History/Complicating Medical Problems (Please fax most recent office note):

Prior I-131 Therapy? When? _____ Where? _____

Laboratory Data [If the results of the thyroid function tests are not in Clinical Desktop or All Scripts, please fax a copy of the original results. Thyroid function tests generally should be obtained within three weeks of uptake/treatment unless patient has known longstanding hyperthyroidism.]

Test	Result	Date	Result	Date	Result	Date	Normal Range
Free T4							ng/dL
Total T4							µg/dL
Free T3							pg/dL
Total T3							ng/dL
TSH							µIU/mL

Prior Iodinated Contrast (within the last 2 months):

Current Medications:

Medications to be discontinued? _____ When? _____
[PTU or Tapazole should be stopped for at least three days before uptake measurement.]

If the Patient is a Female, Indicate: ☐ Pregnancy test will be obtained on _____
[Pregnancy test must be obtained in all women of childbearing potential and should be **obtained ≤ 3 days** before and preferably on the day uptake is started.. Fax results if not in Clinical Desktop or All Scripts.]

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

Lactating or Breast Feeding? ☐ Yes ☐ No
[I-131 therapy should be delayed for 4-6 weeks postpartum or after cessation of breast feeding.]

Service Requested (Check only one)**:** ☐ Uptake Only ☐ Uptake with Treatment the Next Day
☐ Uptake with Treatment the Next Day Only after Discussion with Requesting M.D.

☐ Check if Thyroid Imaging also requested (rarely needed unless palpable nodules are present)

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

If thyroid imaging to be done, the Nuclear Medicine Physician must indicate whether Tc-99m ☐ or I-123 ☐
If I-123, indicate that radiopharmacy was notified ☐

Check for current form at:
http://gamma.wustl.edu/division/clinical-information.html

Revised 11-Aug-11

Starting Date: _____

For Nuclear Medicine Use Only