

UNSEALED SOURCE RADIOACTIVE ISOTOPE TREATMENT REQUEST & RECORD

POST TO: Department of Medical
Technology & Physics
Sir Charles Gairdner Hospital
NEDLANDS WA 6009
TELEPHONE: 6457 2866
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SURNAME:	UMRN:	APPOINTMENT DETAILS	
FORENAME:		place:	
ADDRESS:		day & date:	time:
		DR IN CHARGE	DR WRITING REQUEST (print)
SEX:	D.O.B.:	SEND REPORT TO	HOSPITAL/PRIVATE

PLEASE NOTE: 1) The isotope cannot be ordered until this signed request is received.
2) This form must be signed by a Physician who holds a licence under the Radiation Safety Act 1975 to prescribe therapeutic isotopes.

ISOTOPE DETAILS

ISOTOPE: 131I 32P 90Y 89Sr Other – SPECIFY.....

ROUTE: Oral Injection – SPECIFY SITE.....

ACTIVITY:.....MBq CONFIRMED DOSE

VOLUME:.....mL DOSE TO BE CONFIRMED ON

DATE
BY TIME

PATIENT TO BE TREATED AS: Inpatient Outpatient

WILL REQUESTING PHYSICIAN BE PRESENT AT ADMINISTRATION? Yes No

RELEVANT CLINICAL DATA

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SPECIAL REQUIREMENTS OR COMMENTS

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DR'S SIGNATURE
DATE

DEPARTMENT OF MEDICAL TECHNOLOGY & PHYSICS USE ONLY

ISOTOPE ORDERED:	<input type="checkbox"/> Email Sent <input type="checkbox"/> Order Confirmed	COMMENTS/AMENDMENTS
SIGNATURE	DATE	

CONFIRMATION OF ADMINISTRATION

This confirms that the isotope was administered as shown here: Patient ID Checked

DATE	TIME	PLACE	AS <input type="checkbox"/> inpatient <input type="checkbox"/> outpatient
ISOTOPE	DOSE	ADMINISTERED BY	PHYSICIST PRESENT

COMMENTS

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SIGNATURE

Any changes to this document must be issued by a Quality Team Member.
Distribution: eMed

SIR CHARLES GAIRDNER HOSPITAL
DEPARTMENT OF MEDICAL TECHNOLOGY & PHYSICS

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