
	University Hospitals of Leicester Medical Physics Department	
	Nuclear Medicine Service Quality Management System	

Glenfield Hospital
(0116) 256 3850

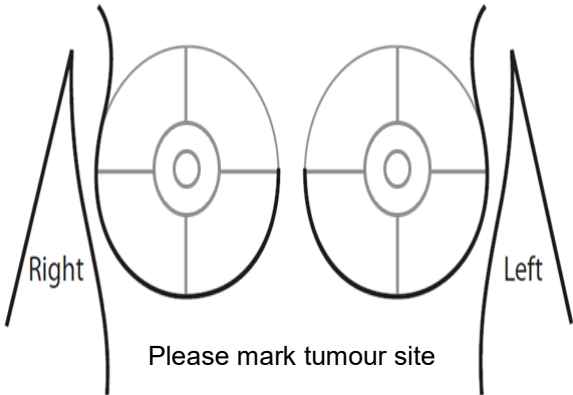
Leicester Royal Infirmary
(0116) 258 5627

**NUCLEAR MEDICINE REQUEST—
BREAST SLNB ONLY**

S No..... NHS No..... Surname..... M / F First Name..... Address..... D.O.B.....	Patient Weight:kg
	In patients: Trolley / Chair / O ₂ Out patients: Ambulance/Car required? Yes / No Infection Control Risk? Yes / No Could patient be pregnant? Yes / No Is the patient breastfeeding? Yes / No
	Patient's Phone No Consultant..... Practice/Hospital:GGH.....PP.....
	Known allergies? Latex Yes / No Other (please list)

INVESTIGATIONS REQUIRED (Please circle):	
Site LEFT BREAST RIGHT BREAST BILATERAL	Marker required : Yes / No

APPOINTMENT DETAILS:	
Isotope injection: Date Time am / pm Surgery: Date Time am / pm Site	

<div>  </div>		Additional information:
Signature.....Print name..... Date..... Job title..... Bleep.....		

OFFICE USE ONLY CRIS number Previous NM scans	Appointment date and time		
	App 1	App 2	App 3

AUTHORISATION

Authorised by (signature and date):	
ARSAC Certificate Holder (if not above)	
Special instructions:	
Study Code:	

Is this a referral under a current research trial?	Yes/No
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CARDIAC

Exam code	NMTFS	NCARE	MCSPS
Priority	Urgent	Standard	Suspend
List	Supervised	Non-supervised	
Drug	Adenosine	Dobutamine	

RADIATION PROTECTION ADVICE

Therapies only:

Radiation protection advice given?	Y/N
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I can confirm that I have received written radiation protection advice	
Sign	
Print	
Date	

EXTRA CHECKS TO PERFORM ON DAY OF EXAM

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POST - PROCESSING INFORMATION

Operator			
Time in			
Time out			

OPERATOR CHECKS AND INFORMATION

PATIENT ID (PLEASE INITIAL)

Delete as appropriate:	Name	Address	DOB	Wristband
1	Admin			
2	Admin/scan			
3	Admin/scan			
4	Admin/scan			

PREGNANCY AND BREASTFEEDING

I can confirm that I am not: pregnant <input type="checkbox"/> breastfeeding <input type="checkbox"/>	
Sign	
Print	
Date	

PERSON CONFIRMING IDENTITY (IF NOT THE PATIENT)

Delete as appropriate:	Name (please sign)	Relation/Designation
1	Admin	
2	Admin/scan	
3	Admin/scan	
4	Admin/scan	

PATIENT WEIGHT

Date	Weight (kg)

RADIOPHARMACEUTICAL/DRUG ADMINISTRATION

	1	2	3
Date			
Radiopharmaceutical/Drug			
Batch Number			
Activity (MBq)/Dose			
Injection site			
Via			
Time			
Checker			
Administrator			

COMMENTS

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