



# Nuclear Medicine Requisition

MEDICAL IMAGING USE ONLY	
Exam Date:	
Exam Time:	

**Medical Imaging Department**  
30 Bond Street, Toronto, ON, M5B 1W8  
3<sup>rd</sup> Floor Cardinal Carver Wing  
[www.stmichaelshospital.com](http://www.stmichaelshospital.com)

*Functional & Molecular Imaging  
for your health*  
Tel. 416-864-5115  
Fax 416-864-5037

Next available  
 Urgent  
 Specific Date: \_\_\_\_\_

Accession #:	
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## A. PATIENT INFORMATION

MRN	DOB	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Other (specify): _____	
Last Name		Transgender: <input type="checkbox"/> Female-to-male <input type="checkbox"/> Male-to-female	
First Name		Preferred Name:	
Street Address		Pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N	Height (cm)
City	Prov	Postal	Weight (kg)
Tel.1 #	Consent for messages <input type="checkbox"/> Y <input type="checkbox"/> N		Allergies (specify):
Tel.2 #	Consent for messages <input type="checkbox"/> Y <input type="checkbox"/> N		Interpreter (language):
Health Number		Version	Special Needs (specify):
<input type="checkbox"/> IFH <input type="checkbox"/> Self-Pay <input type="checkbox"/> WSIB Claim #		Other Requests (specify):	

## B. EXAM ORDERED

### BONE & GALLIUM

- Bone Whole Body
- Bone Specific Site (specify)
- Osteomyelitis (specify)
- Gallium Scan (specify)
- Site: \_\_\_\_\_

### BRAIN & CSF

- Brain Perfusion (SPECT)
- Balloon Test Occlusion
- Cavernous Sinus – RBC
- VP Shunt Patency

### ENDOCRINE

- Iodine Scan – Diagnostic
- Iodine Scan – Post-Therapy
- Parathyroid Scan
- Thyroid Uptake & Scan

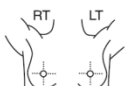
### GASTRO-INTESTINAL

- C14 Urea Breath Test
- Gastric Emptying ❖
- GI Bleed
- Meckel's Diverticulum
- Salivary Scan ❖

### LIVER, SPLEEN, BILIARY

- Hepatobiliary Scan
- Liver/Spleen – Colloid
- Liver/Spleen – RBC
- Splenic Sequestration

### LYMPHATIC

- Sentinel Node – Breast
-  Clock position \_\_\_\_\_
- Sentinel Node – Melanoma
- Site: \_\_\_\_\_

### RESPIRATORY

- Lung Scan (V/Q Scan)
- Systemic Shunt (WB MAA)
- Quantitative Perfusion

### URINARY

- Renal Scan (differential  $f_x$ )
- Renal Scan w/ Blood GFR
- Renal Scan w/ Captopril
- Renal Scan w/ Lasix
- Renal Cortical Scan (SPECT)

### RADIONUCLIDE THERAPY

- I131 out-patient \_\_\_\_\_ mCi Requested therapy date: \_\_\_\_\_
  - I131 in-patient \_\_\_\_\_ mCi \_\_\_\_\_  AM  PM
- I131 therapy doses  $\geq 30$  mCi must be admitted

### OTHER EXAM

- Specify Exam: \_\_\_\_\_
- ★ Use Bone Mineral Density & Nuclear Cardiology requisitions for those exams; PDF copies available at [stmichaelshospital.com](http://stmichaelshospital.com)

## C. ORDER REASON & CLINICAL INFORMATION (PLEASE PRINT)

❖ Specify food allergies & diet restrictions for these exams

## D. ORDERING PHYSICIAN (PLEASE PRINT)

## NOTE: ONLY PHYSICIANS MAY TO SIGN THIS REQUISITION

Physician Name			Physician Signature		Order Date
Street Address			✕		
City	Prov	Postal	CPSO		Billing #
Tel. #	Fax #		CC <sub>1</sub>	CC <sub>2</sub>	

**PLEASE FAX COMPLETED REQUISITION TO 416-864-5037**

## NUCLEAR MEDICINE EXAM INFORMATION

EXAM	EXAM PREPARATION	ESTIMATED EXAM DURATION
<b>BONE &amp; GALLIUM</b>		
Bone Scan	No exam preparation	2 part exam (4 hours total)
Gallium Scan	No exam preparation Gallium injection (15 min) → return for scan (1+ hour) 2-3 days after injection	2 non-consecutive days
Osteomyelitis Scan	Bone scan will be done first and gallium scan will be booked as needed after the bone scan	
<b>BRAIN &amp; CEREBRAL SPINAL FLUID (CSF)</b>		
Brain Perfusion Scan	No exam preparation	2 part exam (2 hours total)
Cavernous Sinus – RBC	No exam preparation	2 part exam (4 hours total)
VP Shunt Patency Scan	No exam preparation	1½ hours
<b>ENDOCRINE</b>		
Iodine Scan – Diagnostic	No food or drink 2 hours before + 2 hours after the start of the test Iodine Wednesday (½ hour) → return on Friday for the scan (1+ hour) Follow your referring doctor's instructions for low iodine diet, thyrogen injections & stopping medicines	2 non-consecutive days
Iodine Scan – Post-Therapy	Follow your doctor's preparation instructions for iodine therapy	1 hour
Parathyroid Scan	No exam preparation	2 part exam (3 hours total)
Thyroid Uptake & Scan	No food or drink 2 hours before + 2 hours after the start of the test Ask your doctor about stopping thyroid medicines No x-ray/CT IV contrast dye 6 weeks or cough medicines 4 weeks	2 back-to back days Day 1: 2 parts (2½ hours total) Day 2: 1 hour
<b>GASTRO-INTESTINAL</b>		
C-14 Urea Breath Test	No food or drink 4 hours before the test No antibiotics or Pepto-Bismol 1 month + no Sucralfate or proton pump inhibitors 2 weeks	½ hour
Esophageal Transit	No food or drink 4 hours before the test	½ hour
Gastric Emptying Scan	No food or drink 4 hours before the test Call us at 416-864-5115 if you have food allergies, sensitivities, or dietary restrictions No motility, laxative, anti-diarrhea, or narcotic medicines 2 days + no H2 antagonist or antacids 2 hours	4½ hours
Gastro-Intestinal Bleed Scan	No food or drink 4 hours before the test	2-4 hours
Meckel's Diverticulum Scan	No food or drink 4 hours before the test	2-4 hours
Salivary Scan	No food, gum, candy, lozenges 2 hours before the test (only water)	1 hour
<b>LIVER, SPLEEN, &amp; GALLBLADDER</b>		
Hepatobiliary (Biliary) Scan	No food or drink 4 hours before the test No narcotic pain medicines 24 hours before the test	2-4 hours
Liver/Spleen – Colloid Scan	No exam preparation	1 hour
Liver/Spleen – RBC Scan	No exam preparation	2 part exam (4 hours total)
Splenic Sequestration Scan	No exam preparation	2 hours
<b>LYMPHATIC (LYMPH NODES)</b>		
Sentinel Node – Breast	No exam preparation; follow surgical instructions as applicable	½ hour
Sentinel Node – Melanoma	No exam preparation; follow surgical instructions as applicable	1½ hours
<b>RADIONUCLIDE THERAPY - IODINE THERAPY</b>		
I-131 Radioiodine Therapy	No food or drink 2 hours before + 2 hours after the start of the test Follow your referring doctor's instructions for low iodine diet, thyrogen injections & stopping medicines	½ hour
<b>RESPIRATORY (LUNG)</b>		
Lung Scan (V/Q Scan)	No exam preparation; recent chest x-ray may be required	1 hour
Systemic Shunt Scan	No exam preparation	1 hour
Quantitative Lung Perfusion	No exam preparation	1 hour
<b>URINARY (KIDNEYS)</b>		
<b>* For all renal scans drink 4 glasses of water leading up to test time; you may pee as needed</b>		
Renal Scan	Drink 4 glasses of water	1 hour
Renal Scan with Blood GFR	Drink 4 glasses of water; ask your doctor about stopping medicines	4 hours
Renal Scan with Captopril	Drink 4 glasses of water; no food 4 hours + no ACE inhibitors 48 hrs	2 hours
Renal Scan with Lasix	Drink 4 glasses of water; ask your doctor about stopping medicines	1½ hours
Renal Cortical Scan (SPECT)	Drink 4 glasses of water	2 part test (4 hours total)

❖ Exam durations are approximate and may vary. Preparation instructions are guidelines and may vary. ❖

**MOST NUCLEAR MEDICINE EXAMS ARE NOT APPROPRIATE FOR PREGNANT PATIENTS**

Call us at 416-864-5115 if you have questions about your test.

