

# Patient Release Calculation Data Sheet

The following information should be completed and faxed to Alliance Medical Physics **prior** to the administration of any I-131 dose **in excess** of 33 mCi for patient specific calculations to be performed.

1. Procedure to be performed:

- I-131 hyperthyroid therapy
- I-131 carcinoma therapy
- I-131 thyroid ablation
- Other \_\_\_\_\_

2. Patient ID#: \_\_\_\_\_

3. Patient DOB: \_\_\_\_\_

4. Sex:  Male  Female

5. Radiopharmaceutical to be administered: \_\_\_\_\_

6. Prescribed Activity to be administered: \_\_\_\_\_

7. Date and Time to be administered: \_\_\_\_\_

8. % Thyroid Uptake: \_\_\_\_\_

9. Patient size:

- Small Frame
- Normal Frame
- Large Frame

10. Occupancy Factor(based on initial screening):

- 0.25
- 0.125

# Initial Checklist to Determine Qualification for Immediate Release Following a Radionuclide Therapy Administration

## 0.25 Occupancy Factor Criteria

1. Can patient maintain a prudent distance from others for at least the first two days?  
Yes/No
2. Can patient sleep alone for at least the first night? Yes/No
3. Can patient have sole use of a bathroom for at least the first two days? Yes/No
4. Will patient be able to drink plenty of fluids for at least the first two days? Yes/No
5. Can patient avoid mass transportation for at least the first day and prolonged transportation trips with others for at least the first two days? Yes/No
6. If patient or guardian answers “**No**” to any of the above questions, then patient **should not** be considered as a candidate for immediate release.
7. If patient or guardian answers, “**Yes**” to all of the above questions, then a 0.25 Occupancy Factor can be assumed for E2 in the patient specific calculation.

## 0.125 Occupancy Factor Criteria

8. Can patient live alone for the first two days and have few visits by family and friends for the first two days? Yes/No
9. Can patient maintain a prudent distance from others for at least the first two days?  
Yes/No
10. Can patient sleep alone for at least the first night? Yes/No
11. Can patient have sole use of a bathroom for at least the first two days? Yes/No
12. Will patient be able to drink plenty of fluids for at least the first two days? Yes/No
13. Can patient avoid mass transportation for at least the first day and prolonged transportation trips with others for at least the first two days? Yes/No

If patient or guardian answers, “**Yes**” to all of the above questions, then a 0.125 Occupancy Factor can be assumed for E2 in the patient specific calculation.

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Patient ID#:

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Date: