



**LDR (¹²⁵I) Seed Implant
Written Directive and Procedure QA**

Patient: *STICKER*

Written Directive

Pre-Implantation

Treatment Site: _____ Radionuclide: ¹²⁵I

Prescription Dose (Gy): _____ to the 100% isodose line.

Authorized User: _____ Date: _____

Post-Implantation

Treatment Site: _____ Radionuclide: ¹²⁵I

of Sources: _____ Total Source Strength (mCi): _____

Authorized User: _____ Date: _____

Volume Study/Pre-plan

Date: _____ TRUS Prostate Volume (cc): _____

Planning Criteria:

| <u>CTV</u> | <u>Rectum</u> | <u>Prostatic Urethra</u> |
|-------------------------|----------------------------|--------------------------|
| D_{90} (>100%): _____ | D_{2cc} (<100%): _____ | D_{10} (<150%): _____ |
| V_{100} (>95%): _____ | $D_{0.1cc}$ (<150%): _____ | D_{30} (<130%): _____ |
| V_{150} (≤50%): _____ | | |

Planned:

of seeds: _____ activity/seed: _____ mCi # of needles: _____

Ordered:

of seeds: _____ activity/seed: _____ mCi for delivery on: _____

Assay:

Reported activity: _____ mCi/seed

of seeds assayed: _____

Assayed activity: _____ mCi/seed



Patient: *STICKER*

Implant

Date: _____

Patient Identification: Verbal / Wrist ID / Other _____

TRUS Prostate Volume (cc): _____

Planning Criteria:

CTV

D_{90} (>100%): _____

V_{100} (>95%): _____

V_{150} (\leq 50%): _____

Rectum

D_{2cc} (<100%): _____

$D_{0.1cc}$ (<150%): _____

Prostatic Urethra

D_{10} (<150%): _____

D_{30} (<130%): _____

Planned:

of seeds: _____

activity/seed: _____ mCi

of needles: _____

Implanted:

of seeds: _____

activity/seed: _____ mCi

total activity: _____ mCi

Survey:

Post-implant dosimetry

Date: _____

CT Prostate Volume (cc): _____

CTV-P

D_{90} (>100%): _____

V_{100} (>95%): _____

V_{150} (\leq 50%): _____

CTV-PM

D_{90} (>100%): _____

V_{100} (>95%): _____

V_{150} (\leq 50%): _____

Rectum

D_{2cc} (<100%): _____

Prostatic Urethra

D_{10} (<150%): _____