

Rose
Adequate

DIAGNOSTIC MISADMINISTRATION REPORT FORM

(due at NRC office within 10 days after the end of the calendar quarters)

1. NAME OF HOSPITAL: St. James Hospital
2. BYPRODUCT MATERIAL LICENSE #: 12-11483-01
3. NAME OF THE REFERRING PHYSICIAN: Dr. Ted Schafer
4. DATE OF INCIDENT: November 11, 1980
5. TYPE OF MISADMINISTRATION: (check one)
 Wrong Radiopharmaceutical
 Wrong Patient
 Wrong Route of Administration
 Administered dose different from the prescribed dose by more than 50%
6. BRIEF DESCRIPTION OF THE EVENT: Doctor had ordered a CT Brain scan, not a Nuclear Medicine Brain Scan.
7. ACTION TAKEN TO PREVENT RECURRENCE: The patient's chart will be checked personally by the technicians before the patient will be done.
8. EFFECTS, IF ANY, ON THE PATIENT: None
9. THE DATE ON WHICH THE REFERRING PHYSICIAN WAS NOTIFIED: November 11, 1980

This form to be completed in quadruplicate:

- 1) NRC
- 2) Hospital Administration
- 3) Nuclear Medicine Department
- 4) Referring Physician

8103050939

JAN 16 1981