

November 4, 1993

Nuclear Regulatory Commission
799 Roosevelt Rd.
Glen Ellyn, IL 60137

To Whom It May Concern,

This is in regard to our telephone conversation concerning our Radiopharmaceutical quality management program. I have enclosed a few copies of the procedures for radiiodine administration that we follow in our clinic. The efficiency of the Spectrometer (Ludlum model 2600) was 62.5%,

I hope this is proper procedure and we can continue doing the same. If you have any further questions please call this office 453-6565.

Thank You,

R.S. Manoli
R.S. Manoli, M.D.

NOV 08 1993

9402160039 931230
PDR ADOCK 03018480
C PDR

NUCLEAR MEDICINE CENTER
RADIOLUODINE ADMINISTRATION RECORD

ORDERING INFORMATION

Name of Patient (Print)

Diagnosis

Name of Procedure

Radiopharmaceutical, Assay, Form
and Route of Administration

Prescribing Physician

Date

Date of Administration

ASSAY AND ADMINISTRATION:

THE CLINICAL PROCEDURE NAMED ABOVE IS DOCUMENTED IN THE CLINICAL
PROCEDURE MANUAL AND THAT THE PERSON ADMINISTERING THE PRESCRIBED
DOSE HAS READ AND UNDERSTANDS THAT PROCEDURE:

Radiopharmaceutical, Assay, Date, Time, Adminis. Physician/tech
Dose calibrator used for Assay: _____ ADMINIS. PHYSICIAN/TECHNOLOGIST
Model: CRC-7 (Witness)
Manufac: CAPINTEC
SERIAL: 71441
CALIBRATION DATE: _____

PATIENT IDENTIFICATION:

I HAVE HAD THE ABOVE NAMED PROCEDURE EXPLAINED TO ME AND I
UNDERSTAND THAT I WILL RECEIVE A PRESCRIBED DOSE OF RADIOACTIVE
IODINE. I AFFIRM THAT TO MY KNOWLEDGE, I AM NOT PREGNANT, NOR AM
I BREAST FEEDING AT THIS TIME.

SIGNATURE OF PATIENT

DATE

SIGNATURE OF PERSON ADMINISIT. DOSE DATE

WITNESS

DATE

IN THE EVENT THE PATIENT IS NOT ABLE TO IDENTIFY THEMSELVES, A
WITNESS IS REQUIRED TO CONFIRM VERIFICATION OF THE PATIENTS
IDENTITY BY THE PATIENTS ARM BAND:

SIGNATURE OF WITNESS

DATE

NUCLEAR MEDICINE CENTER
RADIOIODINE ADMINISTRATION RECORD

ORDERING INFORMATION

Name of Patient (Print) _____ Diagnosis _____
Name of Procedure _____ Radiopharmaceutical, Assay, Form
and Route of Administration _____
Prescribing Physician _____ Date _____ Date of Administration _____

ASSAY AND ADMINISTRATION:

THE CLINICAL PROCEDURE NAMED ABOVE IS DOCUMENTED IN THE CLINICAL PROCEDURE MANUAL AND THAT THE PERSON ADMINISTERING THE PRESCRIBED DOSE HAS READ AND UNDERSTANDS THAT PROCEDURE:

Radiopharmaceutical, Assay, Date, Time, Adminis. Physician/Tech _____

Dose calibrator used for Assay:

Model: CRC-7 ADMINIS. PHYSICIAN/TECHNOLOGIST
Manufac: CAPINTEC (Witness)
SERIAL: 71441
CALIBRATION DATE: _____

PATIENT IDENTIFICATION:

I HAVE HAD THE ABOVE NAMED PROCEDURE EXPLAINED TO ME AND I UNDERSTAND THAT I WILL RECEIVE A PRESCRIBED DOSE OF RADIOACTIVE IODINE. I AFFIRM THAT TO MY KNOWLEDGE, I AM NOT PREGNANT, NOR AM I BREAST FEEDING AT THIS TIME.

SIGNATURE OF PATIENT _____ DATE _____

SIGNATURE OF PERSON ADMINIT. DOSE DATE _____

WITNESS _____ DATE _____

IN THE EVENT THE PATIENT IS NOT ABLE TO IDENTIFY THEMSELVES, A WITNESS IS REQUIRED TO CONFIRM VERIFICATION OF THE PATIENTS IDENTITY BY THE PATIENTS ARM BAND:

SIGNATURE OF WITNESS _____ DATE _____

NUCLEAR MEDICINE CENTER

CONSENT FOR THERAPY WITH RADIOACTIVE ISOTOPES

NAME: _____ PT. # _____

I, the undersigned, consent to the administration of radioactive
_____ as deemed advisable by Dr. R.S. Manoli
of the Nuclear Medicine Center.

SIGNED _____

WITNESS:

DATE: _____

DOSE: _____

THE NUCLEAR MEDICINE CENTER
R. S. MANOLI, M.D.
10425 W. NORTH AVE.
MILWAUKEE, WI 53226

RADIOPHARMACEUTICAL QUALITY MANAGEMENT PROGRAM FOR THERAPEUTIC
DOSES AND ALL SODIUM IODIDE I -131 AND I-125 DOSES GREATER THAN 30
MICROCURIES.

I. RADIOPHARMACEUTICAL PRESCRIPTION:

PATIENTS NAME: _____

PATIENT HOSPITAL OR OTHER IDENTIFYING NUMBER _____

DATE OF PRESCRIPTION: _____

NUCLEAR MEDICINE EXAM: _____

RADIOPHARMACEUTICAL: _____

ROUTE OF ADMINISTRATION: _____

PHYSICIAN SIGNATURE: _____

II. CRITERIA MET FOR IDENTIFICATION OF PATIENT (CIRCLE ALL
APPLICABLE) INPATIENT OUTPATIENT

Criterion 1. Verbal confirmation of patient's name.

Criterion 2. Verbal confirmation of patient's home
address, Social Security number, birth date,
hospital, or other identification number.

Criterion 3. Confirmation of patient name, hospital or
other identifying number, or birth date, by
inspection of identifying wrist band.

TECHNOLOGIST'S SIGNATURE: _____

III. QUARTERLY REVIEW BY _____ ON _____

CIRCLE ALL APPLICABLE:

No problem identified.

Following problem identified: _____

Corrective action taken: _____

SPECIAL INSTRUCTIONS FOR PATIENTS

You have been given a dose of radioactive iodine. Although you present no health hazard to your family or friends, the suggestions listed below are recommended in order to reduce the possibility of radiation exposure or accidental transfer of radioactive iodine to others.

1. Radioactive iodine can be transferred to others through contact with your saliva. Therefore, avoid close contact and kissing for one week.
2. Cooking and eating utensils which come in contact with your saliva can transfer radioactive iodine to other family members. For example, if you sample a sauce with a spoon, do not return the spoon to the sauce because radioactive iodine may be introduced into the food that will be eaten by others. For one week, the dishes and utensils which you use should be washed and dried separately. After your dishes are washed, the sink should be rinsed thoroughly.
3. Your toothbrush, toothpaste, and bathroom glass should be kept separate from those used by the rest of the family for one week.
4. For one week, your urine and feces also can transfer radioactive iodine to other people. Therefore, the toilet should be flushed at least twice after use. Any articles contaminated with urine or feces should be disposed of.
5. For one week, you should avoid contact closer than six feet for extended periods of time with infants, children, and pregnant women. For example, when watching television do not sit next to a child. Similar contact for extended periods might occur during long car trips.

These suggestions are not meant to cause undue concern or lead to extraordinary measures to avoid contact with family, friends, or fellow employees. Many patients find it convenient to tell friends and fellow employees that they are coming down with a bad cold thereby encouraging people to keep a short distance from them. If you follow the guidelines described above, the exposure to your family, friends, and fellow employees will be less than the radiation exposure which they receive from naturally occurring background radiation in the Milwaukee area.