



# Monongalia General Hospital

## Written Directive Form

### Prior to Administration

Patient Name \_\_\_\_\_

Date of Procedure 2-8-2013

Patient's Birthdate \_\_\_\_\_

Radiopharmaceutical Prescribed I-131Prescribed Dose 100mCiRoute of Administration ORALAuthorized User 2/8/13Signature/Date EVAN KUPPEJohn Leone, MDMeasured Dose 105

1. Does measured dose differ from prescribed dose by more than 10%?  
(circle one) Yes No

If YES, DO NOT ADMINISTER DOSE AND SEEK GUIDANCE FROM AUTHORIZED USER.

2. Is route of administration same as above? (circle one) YES NO

If NO, DO NOT ADMINISTER DOSE AND SEEK GUIDANCE FROM AUTHORIZED USER.

3. Is radiopharmaceutical to be administered same as prescribed?  
(circle one) Yes No

If NO, DO NOT ADMINISTER DOSE AND SEEK GUIDANCE FROM AUTHORIZED USER.

4. I completely understand the instructions of this Written Directive Form.  
(circle one) Yes No

If NO, DO NOT ADMINISTER DOSE AND SEEK GUIDANCE FROM AUTHORIZED USER.

### Following Administration

This record is complete and accurate to the best of my ability.

Technologist's Signature/Date m Snider 2/8/13

Reviewed 12/16/14 by Licensed authorized user  
Paul (300)



## Written Directive Form

### Prior to Administration

Patient Name \_\_\_\_\_ Date of Procedure 2-8-2013

Patient's Birthdate \_\_\_\_\_

Radiopharmaceutical Prescribed I-131

Prescribed Dose 100mCi Route of Administration ORAL

Authorized User 2/8/13 Signature/Date [Signature] EVAN KUPPEC

Measured Dose 105

1. Does measured dose differ from prescribed dose by more than 10%?  
(circle one) Yes No

If YES, DO NOT ADMINISTER DOSE AND SEEK GUIDANCE FROM AUTHORIZED USER.

2. Is route of administration same as above? (circle one) YES NO

If NO, DO NOT ADMINISTER DOSE AND SEEK GUIDANCE FROM AUTHORIZED USER.

3. Is radiopharmaceutical to be administered same as prescribed?  
(circle one) Yes No

If NO, DO NOT ADMINISTER DOSE AND SEEK GUIDANCE FROM AUTHORIZED USER.

4. I completely understand the instructions of this Written Directive Form.  
(circle one) Yes No

If NO, DO NOT ADMINISTER DOSE AND SEEK GUIDANCE FROM AUTHORIZED USER.

### Following Administration

This record is complete and accurate to the best of my ability:

Technologist's Signature/Date m Snyder 2/8/13

**Perna Health Physics, Inc.**  
**705 Augusta Drive**  
**Bridgeville, PA 15017**  
**(412) 551-9159**

Facility: Monongalia General Hospital  
Date of calculation: 2/8/13  
Patient:

Calculation of maximum likely dose to an individual exposed to a patient administered I-131

Treatment for: thyroid cancer  
isotope: I-131  
dose: 105 mCi

physical T1/2: 8.04 days  
gamma: 2.2 R/mCi-h at 1 cm

Extrathyroid component  
Uptake Fraction F1: 0.95 from Table B-1  
Effective T1/2: 0.32 days  
Thyroid component  
Uptake Fraction F2: 0.05 from Table B-1  
Effective T1/2: 7.3 days

E1= 0.75 at 1 meter  
E2= 0.25 at 1 meter

Instructions given to justify E2:

1. maintain prudent distance from others for at least 2 days
2. sleep alone in a room for at least the first night
3. do not travel on a prolonged auto trip with others for at least 2 days
4. have sole use of a bathroom for at least the first 2 days
5. drink plenty of fluids for at least the first 2 days.

D(infinity)= 0.238 Rem

Regulatory Limit: 0.5 Rem

Evaluation: Patient can be released immediately with instructions

Calculations performed by:

**MARK**  
**PERNA**  
Mark T. Perna, M.S., DABR  
Radiation Safety Officer

Digitally signed by MARK PERNA  
DN: cn=MARK PERNA, o=Perna  
Health Physics, Inc., ou,  
email=Calivox@aol.com, c=US  
Date: 2013.02.08 20:43:38 -05'00'