

Kettering  
Medical  
Center

3535 Southern Boulevard  
Kettering, Ohio 45429-1298

513-298-4331

PUBLIC/PDR

030-02864

Writer's Direct Dial Number

November 20, 1996

Materials Licensing Section  
Nuclear Regulatory Commission  
Region III  
801 Warrenville Road  
Lisle, IL 60532-4351

Attn: QMP Program

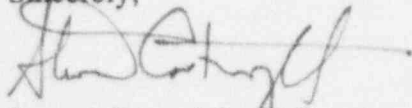
License Number 34-13857-01

Dear Madam/Sir:

We have just completed a small change in our Written Directive form for Nuclear Medicine to make use of the form simpler and more efficient. We are submitting this form to you for your approval.

If you have any questions please call me at 513-296-7818.

Sincerely,



Steven Cartwright, PhD  
Radiation Safety Officer

Enc.

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PDR ADOCK 03002864  
C PDR

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RECEIVED

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REGION 1.1

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DH

## Nuclear Medicine Written Directive and QMP Form

### WRITTEN DIRECTIVE

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

Date \_\_\_\_\_ Patient Birth date \_\_\_\_\_ NM ID# \_\_\_\_\_

Diagnosis \_\_\_\_\_

Radiopharmaceutical \_\_\_\_\_ Activity \_\_\_\_\_ uCi or mCi

To be administered PO \_\_\_\_\_ IV \_\_\_\_\_ IP \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

NM Physician \_\_\_\_\_ Location \_\_\_\_\_ KMH \_\_\_\_\_ SH \_\_\_\_\_

### QMP Form

Tests to be Ordered Prior to Administration:

\_\_\_\_ TFT  
\_\_\_\_ Free T<sub>4</sub>  
\_\_\_\_ TSH  
\_\_\_\_ Blood Count

\_\_\_\_ Pregnancy Test  
\_\_\_\_ Serum Thyroglobulin  
\_\_\_\_ Other \_\_\_\_\_



Patient Identification

\_\_\_\_ Patient Name  
\_\_\_\_ Hospital ID bracelet  
\_\_\_\_ Insurance card

\_\_\_\_ Patient Birth date  
\_\_\_\_ Driver's license/picture ID  
\_\_\_\_ Other \_\_\_\_\_

(Attach Label Here)

Are the radiopharmaceutical dose and formulation correct?  
Is the planned route of administration correct?  
Are the require tests available for review?  
Is the patient pregnant or breast feeding?  
Does the patient appear well?

____ Yes	____ No	____ NA
____ Yes	____ No	____ NA
____ Yes	____ No	____ NA
____ Yes	____ No	____ NA
____ Yes	____ No	____ NA

Administered by \_\_\_\_\_ Date \_\_\_\_\_