

| SUMMARY OF PARTICIPATION IN I-131 THERAPY < 33 mCi (at least 3 are required – must attach a therapy documentation form for each) | | | |
|---|------------------------|--------------------------------|---------------------|
| Date of therapy | Indication for therapy | Name of Supervising Individual | Location of Therapy |
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| SUMMARY OF PARTICIPATION IN I-131 THERAPY > 33 mCi (at least 3 are required – must attach a therapy documentation form for each) | | | |
|---|------------------------|--------------------------------|---------------------|
| Date of therapy | Indication for therapy | Name of Supervising Individual | Location of Therapy |
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Documentation of the OSUMC Radiology Resident Participation in I-131 therapy.

1. Resident _____
2. I-131 case: <33 mCi _____ >33 mCi _____; (1) _____ (2) _____ (3) _____
3. Date of therapy: _____
4. Content verification in the medical report:
 1. Pertinent history: Yes OR No
 2. Pertinent physical exam: Yes OR No
 3. Pertinent laboratory or imaging data: Yes OR No
 4. Pertinent scintigraphic findings: Yes OR No
 5. Appropriate impression or differential diagnosis: Yes OR No
 6. Informed consent: Yes OR No
 7. "Time out" prior to therapy: Yes OR No
 8. Therapeutic I-131 dose: Yes OR No
 9. Patient follow up with health care provider: Yes OR No
 10. Discussed with health care provider N/A _____; Yes OR No
5. Did the resident demonstrate:
 1. Adequate knowledge of therapy options: Yes OR No
 2. Ability to calculate a therapeutic I-131 dose: Yes OR No
 3. Adequate knowledge of post-therapy radiation safety precautions for the patient, family and the public: Yes OR No
 4. Knowledge of travel precautions: Yes OR No
 5. Understanding of a medical event and Nuclear Regulatory Commission (NRC) Reporting: Yes OR No
6. Patient follow up
 1. Method _____
 2. Date _____
7. Authorized user verification (sign and print name)

Name _____

Date _____