



HOSPITAL SULTAN ABDUL AZIZ SHAH
 UNIVERSITI PUTRA MALAYSIA
 Document Code: HSAAS/FIZIK/BR230

RADIOACTIVE PATIENT TRANSFER INFORMATION FORM

| | | |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------|
| To | Physician in Charge: | Date: |
| | Department : | |
| Name of Patient : | | Reason for Referral : |
| IC No : | | |
| RN : | | |
| Types of Scan: <input type="checkbox"/> Diagnostic <input type="checkbox"/> Therapy | | Radiopharmaceutical administered: |
| | | |
| Half-life of Radiopharmaceutical: | | Activity & Time Administered: |
| Time of Referral: | | Activity remaining at the time of referral: _____ mCi |
| *Maximum permissible time allowed to attend patient: | | |
| _____ hours at 0.3m; _____ hours at 1.0m from patient | | |
| Time to release patient to public and can be attended by pregnant personnel: (Applicable to Therapy only) | | |
| _____ hours from the time of referral. Permissible limit (<10µSv/hr at 1 meter) | | |
| Precautions: | | |
| <input type="checkbox"/> No pregnant staff handling this patient until permissible limit | | |
| <input type="checkbox"/> Always wearing dosimeter provided during handling this patient | | |
| No Series: | | |
| <input type="checkbox"/> Make sure to keep a distance of at least 1.0m from this patient if you need to treat the patient | | |
| <input type="checkbox"/> Wear double gloves and blue gown (if applicable) during handling the patient | | |
| <input type="checkbox"/> No mouth-to-mouth Cardio Pulmonary Resuscitation (CPR) (if applicable) | | |
| Physicist in Charge : | | Attending Doctor: |
| Contact Number : | | Acknowledged by: |

*Calculation is based on Basic Safety Radiation Protection 2010