

PET Subject Screening Questionnaire

Please complete the survey below.

Thank you!

THE MOUNT SINAI HEALTH SYSTEM

BIOMEDICAL ENGINEERING AND IMAGING INSTITUTE

PET SUBJECT QUESTIONNAIRE

Date of Imaging Appointment: [appointment_date_intro]

Subject Name: [subject_lastname_intro], [subject_firstname_intro]

Birthdate: [subject_dob_intro]

Insurance Gender (Gender selected under insurance): [insurance_gender_intro]

Gender Preferred Pronoun: [gender_identity_intro]

Study Principal Investigator: [pi_name]

Study Coordinator/Nurse: [study_coordinator]

Medical Record Number (MRN): [mrn_intro]

Subject Weight: [subject_weight_intro] [weight_measurement_intro]

Subject Height: [subject_height_intro] [height_measurement_intro]

FOR FEMALE SUBJECTS:

1. Have you passed menopause? ☐ Yes ☐ No

If your answer is "NO" please answer all of the following questions:

2. Are you pregnant or do you believe you might be pregnant? [patient_female_intro]

2a. How many days has it been since the beginning of your last menstrual cycle?

2b. Are you practicing any form of birth control? ☐ Yes ☐ No

2c. Are you nursing a baby? ☐ Yes ☐ No

FOR ALL SUBJECTS:

1. Do/Did you smoke? ☐ Yes ☐ No

1a. If you quit smoking, when?

(please note month(s) or year (s))

2. List surgical history:

(Please put N/A if not applicable or NONE)

3. Have you had chemotherapy? ☐ Yes ☐ No

3a. How many cycles?

4. Have you had radiation therapy? ☐ Yes ☐ No

4a. Which part of the body?

4b. When?

5. Have you had any biopsies recently? ☐ Yes ☐ No

5a. If YES, when:

6. Have you had any of the following
Infection/Inflammatory conditions?

- ☐ Tuberculosis
 - ☐ Sinusitis
 - ☐ Throat
 - ☐ Bladder
 - ☐ Inflammatory conditions
 - ☐ None of the Above
- (Please select all that apply)

6a. If you chose Inflammatory Conditions, please
explain:

6b. When?

7. Recent injury/ fracture ☐ Yes ☐ No

7a. Which part of the body?

(Please put N/A if not applicable or NONE)

7b. When?

(Please put N/A if not applicable or NONE)

7c. For the body part indicated, did you have any of the following:

☐ CT ☐ MRI ☐ US
☐ None of these

7d. Where?

7e. When?

8. Please provide a list of medications you are taking (name/dose):

(Please put N/A if not applicable or NONE)

Did you require assistance in completing this questionnaire? [need_help_intro]

FOR SUBJECTS REQUIRING ASSISTANCE TO COMPLETE THIS QUESTIONNAIRE

Name of individual completing this questionnaire: [completing_name_intro]

Indicate relationship to Subject: [relationship_to_subject_intro]

Date questionnaire is completed: [form_date]

Time questionnaire is completed: [completing_time_intro]

Subjects who will be having a PET scan must adhere to patient prep instructions. Please do not eat or drink anything EXCEPT water for 4 hours before your PET scan, unless otherwise instructed by a representative at the location you are having your PET scan (i.e., Radiologist, Nuclear Medicine Physician, Registered Nurse, PET technologist, or Mount Sinai administrative staff).

☐ Yes ☐ No

Please confirm you understand the above instruction:

PLEASE REVIEW ALL QUESTIONS AND ANSWERS BEFORE SUBMITTING

FOR INTERNAL USE ONLY

SUBJECT FASTING

1. How many hours have you fasted?

2. Did you drink anything other than water in the past 6 hours (i.e. coffee, tea, soda, juice)

☐ Yes ☐ No

2a. If you selected YES to the previous question, please explain:

FOR INTERNAL USE ONLY

PET DOSE ADMINISTRATION:

Does this subject require an intravenous (IV) placement?

☐ Yes ☐ No

Glucose (mg/dL) :

(value only)

Does the subject require two individual IVs for this study?

☐ Yes ☐ No

Does the subject have a previously but recently placed IV before entering the department?

☐ Yes ☐ No
(Please make sure to alcohol wipe the IV tip and flush with saline before use)

IV Site Location:

- ☐ RT Antecubital
☐ LT Antecubital
☐ RT Hand
☐ LT Hand
☐ RT Forearm
☐ LT Forearm
☐ RT Wrist
☐ LT Wrist
☐ Other

You selected "Other" for IV location, please explain:

IV placed by:

(Please provide First and Last Name)

IV Needle Gauge

- ☐ 20 gauge ☐ 22 gauge
☐ 24 gauge

RADIOPHARMACEUTICAL

Isotope:

(Please enter injection isotope name)

Initial-Injection dose amount:

(Numerical)

- ☐ uCi ☐ mCi

Post-Injection dose amount:

(Numerical)

- ☐ uCi ☐ mCi

Time of IV injection:

Injected by:

(Please provide First and Last Name)

- ☐ MRI Tech
☐ CT Tech
☐ NM Tech
☐ RN
☐ Radiologist/ NM Physician

Is this a dual-isotope study?

- ☐ Yes ☐ No

Second IV Site Location:

- ☐ RT Antecubital
☐ LT Antecubital
☐ RT Hand
☐ LT Hand
☐ RT Forearm
☐ LT Forearm
☐ RT Wrist
☐ LT Wrist
☐ Other

You selected "Other" for SECOND IV location, please explain:

Second IV gauge used: ☐ 20 ☐ 22 ☐ 24

Second IV placed by:

(Please provide First and Last Name)

Second Isotope to be injected:

Second - INITIAL-Injection dose amount:

☐ uCi ☐ mCi

Second -POST-Injection dose amount:

☐ uCi ☐ mCi

Second isotope dose injected by:

(Please provide First and Last Name)

- ☐ MRI Tech
☐ CT Tech
☐ NM Tech
☐ RN
☐ Radiologist/ NM Physician

Was there an extravasation/ infiltration?

☐ Extravasation ☐ Infiltration

Please explain if you answered YES to the previous question?

FOR INTERNAL USE ONLY
Tech/ RN Verification

Question 1. Have you passed menopause?

Was answered "YES"

(Tech comment on how this was resolved)

Question 2b. Are you practicing any form of birth control?

Was answered "YES"

(Tech comment on how this was resolved)

Question 2c. Are you nursing a baby?

Was answered "YES"

(Tech comment on how this was resolved)

Question 2. Did you drink anything other than water in the past 6 hours (i.e. coffee, tea, soda, juice)?

Was answered "YES"

(Tech comment on how this was resolved)

Question 1. Do/Did you smoke?

Was answered "YES"

(Tech comment on how this was resolved)

Question 3. Have you had chemotherapy?

Was answered "YES"

(Tech comment on how this was resolved)

Question 4. Have you had radiation therapy?

Was answered "YES"

(Tech comment on how this was resolved)

Question 5. Have you had any biopsies recently?

Was answered "YES"

(Tech comment on how this was resolved)

Question 7. Recent injury/ fracture

Was answered "YES"

(Tech comment on how this was resolved)

Question: Subjects who will be having a PET scan must adhere to patient prep instructions. Please do not eat or drink anything EXCEPT water for 4 hours before your PET scan, unless otherwise instructed by a representative at the location you are having your PET scan (i.e., Radiologist, Nuclear Medicine Physician, Registered Nurse, PET technologist, or Mount Sinai administrative staff).

(Tech comment on how this was resolved)

Was answered "YES"

If individual assisting subject is a RN or MD, will the information needed to complete this questionnaire be corroborated by chart history? [corroborated_intro]

Name of Technician Reviewing this PET Questionnaire:

((First and Last Name))

Date:

Time:

Name of RN reviewing this PET Questionnaire:

((First and Last Name))

Date:

Time:
