

PREGNANCY TESTING IN ADVANCE OF RADIOIODINE ADMINISTRATION

Please collect a urine sample on the day that you are attending for radioactive iodine.

If you are receiving radioiodine at the Royal Infirmary, please take the urine sample with this form to Out Patient Department 2 (OPD2) at the Royal Infirmary.

If you are receiving radioiodine at the Western General Hospital, please take the urine sample with this form to the Metabolic Unit in the ground floor of the Ann Ferguson building.

At either hospital, please ask for one of the staff nurses who will perform the test and give you back this form. Please take the completed form with you to your appointment for radioiodine.

Patient Name:

Date of Birth:

Date of Pregnancy Test Sample:

Result of HCG Pregnancy test (write negative or positive):.....

Nurse's Signature:

TO BE RETURNED TO MEDICAL PHYSICS TECHNICIAN

Then to be returned to clinician's office with dose administration confirmation
for filing in case notes