



¹³¹Iodine Patient Release Form

Patient Identifier: _____ Discharge Date: _____ Time: _____

Procedure Performed: _____ Referring Physician: _____

Radionuclide: Iodine-131 Admin Activity: _____ Date: _____ Time _____

RELEASE CRITERIA

_____ Based on Immediate Release - Administered Activity (< 33 mCi)
Regulatory Guide 1559 Vol. 9 Rev.2 (Table U.1 Col. 1)

_____ Based on Immediate Release - Dose Rate at One (1) Meter(< 7 mrem/hr)
Regulatory Guide 1556 Vol. 9 Rev. 2 (Table U.1 Col. 2)

_____ mrem/hr at 1 meter Surveyor: _____
Survey Meter Used: Model: _____ Serial #: _____

_____ Based on Delayed Release - Retained Activity (< 33 mCi)
Regulatory Guide 1556 Vol. 9 Rev. 2 (Table U.1 Col. 1)

Retained Activity Level: _____ mCi

_____ Based on Delayed Release – Dose Rate(< 7 mrem/hr @ 1 meter)
Regulatory Guide 1556 Vol. 9 Rev. 2 (Table U.1 Col. 2)

_____ mrem/hr at 1 meter Surveyor: _____
Survey Meter Used: Model: _____ Serial #: _____

_____ Based on Immediate Release – Patient Specific Calculations(TEDE < 500 mrem)
_____ mrem

(Calculations including patient-specific factors & the basis for their use must be attached)

DOCUMENTATION OF PATIENT / FAMILY INSTRUCTION - ALARA

The following behavioral modification topics were discussed and provided in writing to maintain radiation dose to others ALARA.

- | | |
|---------------------------------------|----------------------------------|
| _____ Bathroom Hygiene Habits | _____ Behavior with Adults |
| _____ Eating Arrangements | _____ Avoid Children |
| _____ Sleeping Habits | _____ Avoid Pregnant Individuals |
| _____ Travel with Others | _____ Use Protected intercourse |
| _____ Patient Hospitalization / Death | _____ STOP Breast Feeding |

Radiation Safety Instruction for I-131 have been given to me and all questions answered

Patient or Family Member: _____ Date: _____