

Checklist for a PSMA PET-CT with intravenous contrast agent.

Before a contrast agent can be administrated, we require you to carefully read and complete the following checklist.
For the examination we also require details of your height , weight and kidney function values .

Surname and initials : _____

Address : _____

Telephone/GSM/Fax : _____

E-mail address : _____

Date of birth : _____

Weight (in kilograms) : _____ kg.

Height (in meters) : _____ m.

Recent kidney function (Creatinine or e-GFR level) : _____ = **mandatory** / date : _____
(not older than 13 months)

Have you previously had an allergic reaction to a contrast agent?	<input type="radio"/> yes	<input type="radio"/> no
Are you taking any anti-diabetic drugs (Glucophage or Metformin)?	<input type="radio"/> yes	<input type="radio"/> no
Do you have a poor kidney function?	<input type="radio"/> yes	<input type="radio"/> no
Are you on dialysis?	<input type="radio"/> yes	<input type="radio"/> no
Do you have Kahler or Waldenström's disease?	<input type="radio"/> yes	<input type="radio"/> no

- If you answer one or more questions with 'YES'?

Then please contact the radiology department.

Contact information:

Mrs. Solange Estourgie

Email: Solange.Estourgie@radboudumc.nl

Telephone: **+31 24 361 91 96**

Monday - Thursdays 9.00 - 16.30 hrs

- If you answer all questions with a 'NO'?

Then please scan the completed and signed checklist and mail it to the e-mail address listed above.

Date : _____ Signature : _____