

Division of Nuclear Medicine Procedure / Protocol

WORKSHEET: ABSOLUTE GFR / SMALL BOWEL LABEL VERIFICATION (PT IDENTIFIER) S/P PROCEDURE

UPDATED: AUGUST 2011

PROCEDURE	PT NAME	PT ID NUMBER	PT ACCESSION #	Number of Patient Samples Labeled (signed by designee)	
				_____	_____ of 12 GFR _____ of 6 sm bowel
				_____	_____ of 12 GFR _____ of 6 sm bowel
				_____	_____ of 12 GFR _____ of 6 sm bowel
				_____	_____ of 12 GFR _____ of 6 sm bowel
				_____	_____ of 12 GFR _____ of 6 sm bowel
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