

Division of Nuclear Medicine Procedure / Protocol

SMALL INTESTINE TRANSPLANT WORKSHEET (CLIA-88)
UPDATED: AUGUST 2011

CPT CODE: N/A

PATIENT INFORMATION:

Name _____ MR# _____ Date _____

? (Date)	ACTIVITY	TIME	CORRECTED ACT	VOLUME ml
DOSE	? ()	? ()	*Error*	? ()
STANDARD	? ()	? ()	0.0	
BKG	? ()			
BKG	? ()		0.0	
URINE 0-6	? ()		0.0	
URINE 0-6	? ()		0.0	
URINE 6-24	? ()		0.0	
URINE 6-24	? ()		0.0	
STD DIL #1	? ()		0.0	
STD DIL #2	? ()		0.0	
TOTAL URINE 0-6	0.0	0-6 hr		? ()
TOTAL URINE 6-24	0.0	6-24 hr		? ()
COUNT TIME (min)		? ()		
NET URINE 0-6	0.0			
NET URINE 6-24	0.0			
MEAN NET STD DIL	0.0			
% IN URINE 0-6	*Error*			
% IN URINE 6-24	*Error*			
TOTAL 24 HR URINE	*Error*			

Processed _____

Reviewed _____

Discrepancies _____

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