



HOUSTON DIAGNOSTICS  
AND PET/CT CENTER  
1220 Blalock, Suite 100, Houston, Texas 77055

Name: \_\_\_\_\_ MR#: \_\_\_\_\_ Date: \_\_\_\_\_

Physician: \_\_\_\_\_ DOB: \_\_\_\_\_ LMP: \_\_\_\_\_

Clinical History: \_\_\_\_\_

## PET SCAN PROTOCOL QUESTIONNAIRE

Weight: \_\_\_\_\_ Dose: \_\_\_\_\_ Residual Activity: \_\_\_\_\_

Blood sugar level mg/dl: 1. \_\_\_\_\_ 2. \_\_\_\_\_ Injection Time: \_\_\_\_\_ Scan Time: \_\_\_\_\_

1. Have you been fasting? Yes \_\_\_\_\_ No \_\_\_\_\_

2. List surgical history \_\_\_\_\_

3. Where are your incision sites? \_\_\_\_\_

4. Have you had any biopsies recently? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, When? \_\_\_\_\_

5. Have you had chemotherapy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, When? \_\_\_\_\_

6. Have you had radiation therapy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, When? \_\_\_\_\_

7. Do you have a catheter (CVC or porta-cath) placed? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Are you wearing any metal objects or prosthetic devices? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Do you have a pacemaker? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Have you had any of the following:

Inflammatory disease Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_

Recent injury Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_

Infection (sinus, throat, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_

11. Are you positive for any of the following inflammatory diseases?

Tuberculosis/fungal disease Yes \_\_\_\_\_ No \_\_\_\_\_

Rheumatoid Arthritis, Autoimmune disease Yes \_\_\_\_\_ No \_\_\_\_\_

12. Have you had a previous Bone, Pet, or Cat Scan? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Where? \_\_\_\_\_ Reports Available? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ (technologist)



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**CLINICAL INFORMED CONSENT EVALUATION OF GLUCOSE METABOLISM BY  
POSITRON EMISSION TOMOGRAPHY (PET)**

This is a procedure in which pictures will be made of my body after a radioactive analog of glucose, fluorine-18 fluorodeoxyglucose (FDG), has been given to me. Glucose is a sugar naturally used by the body as an energy fuel. The pictures will show that pattern of glucose metabolism (sugar use) in a specific organ of my body. My physician has recommended that I have this test because I may have a disorder of a specific part of my body that alters its glucose metabolism.

A Positron Emission Tomography (PET) Scanner will record images of my body. This is a device for detecting very small amounts of radiation and converting it into cross-sectional pictures. The scanner looks like a box and has a circular opening in the center of it, which I will lie on. The test typically takes approximately 2 hours to complete. There is no alternate imaging method to PET that can provide the same information.

A small amount of FDG will be injected into my body via an intravenous catheter or needle placed in a vein in my arm. The Food and Drug Administration (FDA) has determined that this compound is safe and has approved it for certain procedures. PET centers throughout the country perform thousands of procedures with this compound and have had no adverse effects on subjects having this procedure.

The dose amount of radiation I will receive will be similar to that received during chest and abdomen X-Ray examinations. The dose to my pelvis will be comparable to the dose received from CAT Scans of that region. It has been explained to me that half the radioactivity will disappear in 2 hours, and the radioactivity will completely disappear in 12 hours.

FOR WOMEN OF CHILDBEARING AGE: Doses of radioactivity up to 20 times greater than what I will receive have not resulted in any detectable fetal abnormalities in an unborn child. The physicians conducting the test that I am about to have would, however, like to minimize any potential possibility of exposure of a fetus (unborn child) to even those low levels of radioactivity. Thus, I certify by signing this consent that, to the best knowledge, I am not pregnant and that I have, since my last menstrual period, used a medically acceptable and effective method of contraception (birth control) or have not had sexual intercourse.

BY SIGNING BELOW, I UNDERSTAND THAT ALL MEDICAL PROCEDURES MAY INVOLVE DISCOMFORTS AS WELL AS RISK. I HAVE HAD SUFFICIENT OPPORTUNITY TO DISCUSS THE PROPOSED PROCEDURE AND RISK WITH MY PHYSICIAN, AND ALL OF MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION.

I acknowledge, by my signature, that I understand the above information and that I am freely and knowingly giving my consent to have this PET scan procedure. I also attest that I have complied by the instructions given to me and have not eaten for at least 4 hours to my schedule PET procedure.

\_\_\_\_\_  
Patients Printed Name

\_\_\_\_\_  
Patient/Legal Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature



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## **PET/CT Preparation**

**Due to a time sensitivity of the radionuclide/medication you must arrive at scheduled arrival time to get through registration.**

- **24 hours** before exam, the patient may have a low carbohydrate and low sugar diet.
- **NPO** – nothing by mouth a minimum of 4 hours prior to exam except water only.
  - **Exception:** if patient is on medication they may take the medication with water only.
- Diabetic patients must make sure that their blood sugar level is below 200mg
- Wear comfortable clothes, limit jewelry, metallic accessories.
- **Avoid** strenuous exercise on the day before and day of the exam.
- Most people do not have a problem with claustrophobia. However, if you are claustrophobic you may schedule a time to come and see the equipment and how it moves. You may ask your physician to prescribe a single dose of a relaxant to take the day of your PET/CT exam. In such cases, arrangements should be made to have someone provide the patient with transportation after the exam.
- No smoking, caffeine, nicotine or alcohol **12 hours** prior to scan.
- Time of the exam: 2 – 2.5 hours