

**UNIVERSITY OF MISSOURI  
Y-90 SIR-TeX MICROSPHERE ADMINISTRATION FORM**

<p><b>Patient sticker here</b></p> <p>To include:</p> <ul style="list-style-type: none"> <li>• Patient Name</li> <li>• DOB</li> <li>• Hospital ID number</li> </ul>	<p><b>PATIENT IDENTIFICATION VERIFIED</b> by (2 required):</p> <p><input type="checkbox"/> Name                      <input type="checkbox"/> Hospital I.D.</p> <p><input type="checkbox"/> Date of Birth              <input type="checkbox"/> Personal Recognition</p> <p><input type="checkbox"/> Photo I.D.</p>
<p>Patient is:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female, declared not currently pregnant or breastfeeding</p>	<p><b>VERIFY PATIENT IS NOT PREGNANT</b> by:</p> <p><input type="checkbox"/> Declares menstruating, not pregnant, or to be post-menopausal <b><i>OR</i></b></p> <p><input type="checkbox"/> Negative pregnancy Test <b><i>OR</i></b></p> <p><input type="checkbox"/> Rendered sterile, i.e. Hysterectomy, Tubal Ligation, etc., <b><i>OR</i></b></p> <p><input type="checkbox"/> Verify patients' age is <math>\leq 8</math> or <math>\geq 60</math> years</p>
<p><b>RADIOPHARMACEUTICAL PRESCRIPTION:</b> (To be completed by the Authorized User)</p>	
<p><b>PRE-IMPLANT DOCUMENTATION:</b></p> <p>Treatment site: <input type="checkbox"/> Right lobe   <input type="checkbox"/> Left Lobe   <input type="checkbox"/> Entire liver</p> <p>Date and Time of Procedure: _____</p> <p>Radionuclide/Physical Form: <b><u>Y-90 SIR-Spheres resin microspheres</u></b></p> <p>Manufacturer: <b><u>Sirtex Wilmington, LLC</u></b></p> <p>Route of Administration: <b><u>Intra-arterial</u></b></p> <p>Prescribed Activity: _____ mCi</p> <p align="center"><b>OR activity delivered at stasis</b></p> <p>% Lung Shunting: _____ % (<math>\leq 20\%</math>)</p> <p>Maximum Shunting Activity: _____ mCi</p> <p>Is the SIR-Spheres Activity Calculator (SMAC) attached?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Authorized User Signature: _____</p> <p align="right">Date: _____</p>	<p><b>RADIOPHARMACEUTICAL DOSAGE VERIFICATION:</b></p> <p>Lot No. _____</p> <p>Prepared Activity [KK]: _____ mCi</p> <p>Date and time: _____</p> <p>Is the MUHC SIR-Spheres Y-90 Resin Microspheres Verification Worksheet attached?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Pre-/Post-Administration checks performed by signature: _____</p> <p align="right">Date: _____</p> <p><b>Note: <i>SirTex Sir-Spheres package insert contraindications advise a maximum permissible dose limit to the lung due to arterial shunting of 30 Gy.</i></b></p>
<p><b>POST-IMPLANT:</b> <i>Note: Revisions must be made, signed, and dated by an AU within 24 hours.</i></p>	
<p>Calculated Activity Delivered to Liver: _____ mCi    Date and Time of Delivery: _____</p> <p>Calculated Activity Outside of the Liver from Shunting: _____ mCi    Dose Delivered Due to Shunting: _____ Gy (<b>&lt;30Gy</b>)</p> <p>Stasis?   <input type="checkbox"/> Yes   <input type="checkbox"/> No                      Emerging patient conditions?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Provide explanation: _____</p> <p>_____</p> <p>Authorized User Signature: _____</p> <p align="right">Date: _____</p>	
<p><b>PATIENT RELEASE:</b></p>	
<p><input type="checkbox"/> Patient reading at 1 m is <math>&lt;2.0</math>mR/hr</p> <p><input type="checkbox"/> Post-implant instructions given</p> <p>Final review by NM (Signature): _____ Date: ____/____/____</p>	

RETAIN THIS RECORD FOR 3 YEARS: REQUIRED BY 10 CFR 35.2040