

US/CT Biopsy Scheduling Form

Date _____ Type of Biopsy _____ Patient's DOB _____

Patient Name _____ MRN _____

Ordering Physician _____ Office Contact Name & Ext. _____

Clinical Diagnosis _____

Relevant History _____

Previous Study Types & Dates _____

Performing Study Location _____

CD Sent to Radiology _____ Yes _____ No _____ Date Sent _____

Images Available in PACS _____ Yes _____ No _____

If this is a Thyroid US Biopsy, NO lab work is required and patient does NOT need to be NPO.

For all other Biopsies, please follow the instructions below:

Please note that the Methodist Hospital Department of Radiology maintains the following general guidelines pertaining to a patient's bleeding risk for determining whether it is safe to proceed with a biopsy, although a final decision on the safety of performing the biopsy is made by the attending radiologist on the day of the procedure.

Please refer to the Department of Radiology Coagulation Guidelines for lab requirements, values and medication management.

INR: _____ (Normal 0.8-1.0)	PTT: _____ (Normal 23.5-36.9 seconds)	Platelets: _____ (Normal 150-400/mm ³)
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If your patient is unlikely to be able to lie still under these circumstances due to arthritis or other reasons, please call the radiology department to discuss what options would be best to facilitate the biopsy. Special arrangements may need to be made with an anesthesiologist to provide anesthesia before the date of the procedure.

The biopsy may be postponed if the patient:

- has consumed aspirin or any products containing aspirin (BC Powder, Goody's Powder, Alka-Seltzer, etc.) for **5 days** prior to the date of the biopsy.
- has taken warfarin, heparin, or other anti-coagulants within **3 days** prior. Low-molecular weight heparin (enoxaparin) may be given the night before.
- has consumed anything after midnight the morning of the biopsy except for his/her other daily medicines and clear liquids.

Please send CDs to:
Methodist Germantown Hospital
Department of Radiology
7691 Poplar Avenue
Germantown, TN 38138

Radiologist _____ Time/Date _____