

## BMC Pre-Contrast Administration Checklist

Subject ID:

Scan Date:

1. Which BMC authorized M.D. will be/is present and in the building for the contrast injection?

Dr. Barbara Giesser     Dr. Rhonda Voskuhl     Dr. Roger Woods

2. Was a blood test for eGFR or creatinine done within 6 weeks of the scheduled scan?

Yes     No\*

3. Is the eGFR higher than 60ml/min? (below 60ml/min is a contraindication)

Yes     No\*

To calculate the eGFR using Creatinine, go to the online calculator at:

<https://www.niddk.nih.gov/health-information/health-communication-programs/nkdep/lab-evaluation/gfr-calculators/adults-conventional-unit/Pages/adults-conventional-unit.aspx>

4. Is the subject pregnant?

Yes\*     No

5. Is the subject breastfeeding?

Yes\*     No

6. Is the subject under 18 years old?

Yes\*     No

7. Is the Crash Cart out and accessible?

Yes     No\*

**\*Contraindication**