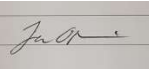
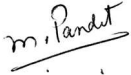


# Sandwell and West Birmingham Hospitals

NHS Trust

Department of Physics & Nuclear Medicine, Midland Metropolitan University Hospital (MMUH)		Sandwell & West Birmingham Hospitals NHS Trust	
GP-Friendly Referral Guidelines for Nuclear Medicine Studies at Midland Metropolitan University Hospital		Document Number	NM/RG/002
Effective Date	22/06/2026	Review Date	22/06/2029
	Signature:	Print Name:	Date:
Author:		Joseph O'Brien	22/06/2026
Approver		Dr Manish Pandit	22/06/2026

## GP-Friendly Referral Guidelines for Nuclear Medicine Studies at Midland Metropolitan University Hospital

The service accepts referrals from GPs and are encouraged to contact the service to discuss as these are specialist tests. GPs should complete the form below and email to [swbh.nuclear\\_medicine@nhs.net](mailto:swbh.nuclear_medicine@nhs.net).

Non-Medical referrers working in GP practices can only refer is authorised to do so. Contact the department to discuss.

Dose key ● Green = <1 mSv ● Amber = 1–10 mSv ● Red = >10 mSv

Investigation	When to Refer (Expanded GP-Focused Indications)	Prep	Dose (mSv)	Code	Background Equivalent
<b>Amyloid (DPD)</b>	Unexplained heart failure with increased LV wall thickness; suspicion of ATTR amyloidosis after echo or MRI findings	None	5.6	<span style="color: orange;">●</span>	25 months
<b>Bone Scan</b>	Persistent bone pain not explained by X-ray; suspected metastases in known cancer; suspected occult fractures;	Hydration	2.9– 3.9	<span style="color: orange;">●</span>	1 yr 10 mo

Investigation	When to Refer (Expanded GP-Focused Indications)	Prep	Dose (mSv)	Code	Background Equivalent
	prosthetic joint pain				
<b>Bone Scan (2/3-phase)</b>	Suspected osteomyelitis; painful prosthetic joint; suspected AVN; unexplained focal bone pain	Hydration	2.9–3.9	●	1 yr 10 mo
<b>DaTSCAN</b>	Diagnostic uncertainty between Parkinson's disease and essential tremor; atypical tremor; unclear neurology opinion	Thyroid blockade	4.6	●	2 years
<b>Colonic Transit</b>	Chronic constipation not responding to treatment; suspected slow-transit constipation; unclear cause of bowel habit change	None	1.6	●	7 months
<b>Dacroscentigraphy</b>	Persistent watery eye despite conservative management; suspected	Avoid if excessive tearing	0.05	●	7 days

Investigation	When to Refer (Expanded GP-Focused Indications)	Prep	Dose (mSv)	Code	Background Equivalent
	nasolacrimal duct obstruction				
<b>DMSA</b>	Recurrent UTIs in children; suspected renal scarring; differential renal function assessment after abnormal ultrasound	None	0.7	●	4 months
<b>Gastric Emptying / SB Transit</b>	Suspected gastroparesis (diabetes, post-surgery); chronic nausea/vomiting; early satiety; unexplained bloating	4-h fast; stop motility meds	0.9	●	5 months
<b>GI Bleed Scan</b>	Intermittent or obscure GI bleeding when endoscopy/CT have not identified a source	Avoid blood products	4	●	1 yr 10 mo
<b>GFR (Nuclear)</b>	When accurate GFR is needed for chemotherapy planning or when eGFR is unreliable (e.g., extremes of body size)	Provide recent eGFR	0.05	●	7 days

Investigation	When to Refer (Expanded GP-Focused Indications)	Prep	Dose (mSv)	Code	Background Equivalent
<b>HIDA (Gallbladder)</b>	RUQ pain with normal ultrasound; suspected biliary dyskinesia; post-prandial pain	6-h fast	1.3	●	6 months
<b>HIDA (Post-Chole)</b>	Persistent RUQ pain after cholecystectomy; suspected Sphincter of Oddi dysfunction	6-h fast; no gallbladder	2.6	●	12 months
<b>Lung V/Q</b>	Suspected PE when CTPA is unsuitable (renal impairment, contrast allergy, pregnancy)	Recent CXR	2.7–3	●	1 yr 4 mo
<b>Lung Quantification</b>	Pre-operative assessment before lung resection; evaluation of regional lung function	None	4	●	2 years
<b>MAG3 Renogram</b>	Suspected PUJ obstruction; recurrent flank pain; hydronephrosis on	Hydration	0.7	●	4 months

Investigation	When to Refer (Expanded GP-Focused Indications)	Prep	Dose (mSv)	Code	Background Equivalent
	ultrasound; transplant function assessment				
<b>Meckel's</b>	Suspected ectopic gastric mucosa AND painless rectal bleeding, in children; suspected ectopic gastric mucosa	4–6 h fast	5	●	2 yr 4 mo
<b>MIBG (NET/Cardiac)</b>	Suspected neuroendocrine tumour; unexplained hypertension suggesting pheochromocytoma; cardiac sympathetic assessment	Thyroid blockade	5.2	●	2 yr 5 mo
<b>MUGA</b>	Baseline LV function before cardiotoxic chemotherapy; poor echo windows; monitoring chemo-related cardiotoxicity	None	5.6	●	2 yr 7 mo
<b>Myocardial Perfusion</b>	Ongoing chest pain; intermediate-risk patients; unclear stress test; suspected	Avoid <4 weeks post-MI	Up to 11.9	●	4 yr 5 mo

Investigation	When to Refer (Expanded GP-Focused Indications)	Prep	Dose (mSv)	Code	Background Equivalent
	ischaemia				
<b>Parathyroid</b>	Confirmed hyperparathyroidism needing localisation before surgery	Pause thyroid meds	12.1	●	5 yr 7 mo
<b>Defecating Isotope Proctogram</b>	Suspected rectocele; obstructed defecation; incomplete evacuation; symptoms of pelvic floor dysfunction	None	<b>0.2</b>	●	<b>1 month</b>
<b>Red Cell Mass</b>	Suspected polycythaemia rubra vera when haematocrit is persistently raised	Avoid recent venesection	0.02	●	3 days
<b>SeHCAT</b>	Chronic diarrhoea, especially post-cholecystectomy; suspected bile acid malabsorption	Stop anti-diarrhoeals	0.3	●	1.5 months
<b>Sentinel Node</b>	Pre-operative localisation for breast or vulval cancer surgery	Surgical team liaises	Up to 0.5	●	2 months

Investigation	When to Refer (Expanded GP-Focused Indications)	Prep	Dose (mSv)	Code	Background Equivalent
<b>Thyroid (I-123)</b>	Hyper/hypothyroidism; thyroiditis; evaluation of nodules; unexplained thyrotoxicosis	Stop thyroid meds	3.7	●	16 months
<b>White Cell Scan</b>	Suspected prosthetic joint infection; pyrexia of unknown origin; infection not localised by other imaging	None	2.2	●	10 months

The dose key below is based on background radiation in Birmingham at 2.7mSv per annum. To note, this value can vary around the country for example 7mSv in Cornwall.

## Nuclear Medicine Request Form, Midland Metropolitan University Hospital

<b>Patient SURNAME</b>		Please complete all sections of this form.  Completed form should be sent by email. Incomplete forms may be rejected upon receipt. Please use the following telephone number or email address for any queries:  Nuclear Medicine appointments +44 (0) 121 507 4427 swbh.nuclear_medicine@nhs.net t Monday-Friday 09:00-17:00  <i>Please note that this form cannot be used for PET-CT referrals.</i>			
<b>Patient Forename</b>					
<b>Patient Date of birth</b>					
<b>Sex</b>					
<b>Home Address (incl. Post code)</b>					
<b>Phone no (preferably mobile)</b>					
<b>NHS Number</b>					
<b>Referring Consultant or GP (print name)</b>					
<b>Requested by (print name) and job title</b>					
<b>Hospital/Practice Address</b>					
<b>Hospital/Practice Results email</b>	<i>(If an urgent email result is required you must provide a secure email address)</i>				
<b>Examination Requested</b>	Click box to select study: Bone: <input type="checkbox"/> Renogram: <input type="checkbox"/> HIDA: <input type="checkbox"/> DMSA: <input type="checkbox"/> VQ: <input type="checkbox"/>				
	Other, please type name to specify:				
<b>Relevant clinical details</b>					
<b>Specific clinical question to answer</b>					
<b>Medications</b>					
<b>Is the patient pregnant?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Does the patient have allergies? (please specify _____)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Is the patient breastfeeding?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Infection Risk (please specify _____)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Is the patient weight &gt;150kg?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Does the patient have disabilities/mobility issues?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Does the patient require hospital transport?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Does the patient require BSL or foreign language interpreter? (please specify _____)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Walking</b> <input type="checkbox"/> <b>Chair</b> <input type="checkbox"/> <b>Trolley</b> <input type="checkbox"/>					
<b>Hoist required</b> <input type="checkbox"/>					

Please note there is no provision for childcare; children under the age of 16 cannot be left unattended in the Department.

**VERSION CONTROL**

<b>Date</b>	<b>Comment / Major Change</b>	<b>Name</b>
22/06/2026	New inhouse referral guidelines produced due to iREFER system not being implemented for nuclear medicine.	Joseph O'Brien