Appendix C: Synovetin OA Release Instructions

Relea	se Instructions following S	Synovetin OA	® (tin 117m)	Canine Arthritis	Therapy	
Dog's Name:		Tr	Treatment Date:			
Total	Dose Administered:	mCi	Measured 1	Exposure Rate:		_mR/h at 1m
therap time p time.	dog has been treated with Sypeutic treatment, emits ionizeriod. Your dog's coat and To maintain overall exposumeeks.	ing radiation v surroundings	within the joint will not be aff	to relieve pain an fected, and the act	d inflamma ivity will n	ation over an extended aturally decrease ove
✓	Remember to maintain yo	our exposure as	s low as reason	ably achievable (A	ALARA).	
✓	Do not sleep with the dog or hold the dog in or near your lap.					
✓	Each member of the household should avoid direct contact with the treated joint(s) as much as possible. Daily direct contact should be limited to less than 1 minute. Direct activities are those that are <1ft from the dog's treated elbow to the owner's torso (e.g., carrying the dog where the elbow is in contact or lap sitting where the elbow is directly on the torso).					
✓	Each member of the household should limit daily close contact to 15 minutes and should limit daily intermediate contact to 4 hours. Activities such as walking or playing with your dog can continue with distance limitations maintained. Close activities are at 1ft (e.g., feeding, grooming, sleeping, and routine lap-sitting) and Intermediate activities are at 3ft (e.g., walking, jogging, and officing).					
✓	Minimize the time that ch	gnant women s	men spend in close contact with the dog.			
✓	Avoid long term/daily boarding or commercial grooming of your dog for two weeks or traveling w by air or across any international borders or very large, organized events (professional sporting eve parades, etc.). Provide a copy of this document should any questions arise.					
✓	✓ Minimize use of public transportation and staying in public accommodations your dog in its carrier and/or as far from passengers as is reasonable and safe					
✓	Follow up care is recommended where your dog received this treatment. If your dog needs emergency care, please inform the provider about its treatment with radiotherapy, and to contact (<i>insert contact information here</i>) with any questions.					
	Individualized behavior n	nodifications f	rom Pre-Screen	ning Questionnaire	e:	
If you	ar dog dies for any reason w	ithin 20 weeks	s of treatment	contact (insert con	ntact inform	nation here)
After	expiration of these instructi nt about extended close con	ons, you may			-	
Veterinarian signature:				Date:		
I have questi	e received this information of	orally and in w	riting, and I ur	nderstand it. I have	e had the op	pportunity to ask any
Dog owner signature:				Date:		