Appendix B
Synovetin OA® Pre-Screening Questionnaire atomicVet 501.500.5220

You and your veterinarian are assessing the suitability of treating your dog with Synovetin OA® in one or more arthritic joints. Synovetin OA®, a radio-therapeutic treatment, emits ionizing radiation within the joint to relieve pain and inflammation over an extended time period. Your dog's coat and surroundings will not be affected, and the activity will naturally decrease over time. To maintain overall exposure below federally established limits, there will be certain procedures to follow in the period after treatment.

Revised 9/20

I. Initial Information

Owner Name:_____ Date:_____

Pet Name:_____ Date:_____

Person Interviewed: Owner_____Other_____

II. Household Member Information

Household members: Sex: _____ _____ _____ _____ _____ _____ _____

Age: _____ _____ _____ _____ _____ _____ _____

III. General Contact Information

Describe each household member's interaction(s) with your dog (direct, close and intermediate activities – as defined below the following table):

Person 1	
Activity and type of contact involved (direct, close or intermediate):	Duration:

Direct activities are <1ft (e.g., carrying the dog where the elbow is in contact or lap sitting where the elbow is directly on the torso). **Close** activities are at 1ft (e.g., feeding, grooming, sleeping, and routine lap-sitting) **Intermediate** activities are at 3ft (e.g., walking, jogging, and officing).

Person 2	
Activity and type of contact involved (direct, close or intermediate):	Duration:

Add additional pages for other household members, if necessary.

Can interactions with children and pregnant women be modified to minimize close contact with the dog?

Yes:___No:____* N/A:_____

If the answer to the above question is yes, describe proposed modifications:

_____

_____

Does your dog currently sleep in the same bed with any household members?

Yes:___No:_____

If yes, can arrangements be made to avoid this for the duration indicated on the Release Instructions? Yes:___No:____* N/A:_____

If the answer to the above question is yes, describe proposed modifications:

_____

_____

Is your pet mobile enough to climb stairs and/or enter and exit a vehicle independently?

Yes:___No:____ N/A:_____

If the answer to the above question is no, provide the owner with additional strategies.

Does your dog jump up to beds or furniture with family members, or lap sit?

Yes:___No:_____

If yes, can arrangements be made to avoid this for the duration indicated on the Release Instructions (i.e., not lap sit)? Yes:___No:____* N/A:_____

If the answer to the above question is yes, describe proposed modifications:

_____

_____

Does your dog currently sit in very close proximity (i.e., next to your chair or at your feet) to you for more than 3 hours per day? Yes:___No:_____

If yes, can arrangements be made to avoid this for the indicated time frames on the Release Instructions? Yes:___No:____* N/A:_____

If the answer to the above question is yes, describe proposed modifications:

Has the owner been provided with an example Release Instructions sheet? Yes:___No:____*

Does the owner fully understand the procedure they have arranged for their pet?

Yes:___No:____*

Are you and your household members able and willing to modify your routine interaction with your pet for the time frames indicated on the Release Instructions? Yes:___No:____*

If the answer to the above question is yes, describe proposed modifications:

*Any "No" checkmark may be contraindicated for the procedure. Contraindication is based on owner responses, proposed dose to pet, or other clinical factors.

Additional Items Discussed with Animal Owner(s)	Comments
_____Release Instructions / ALARA considerations:	
_____Importance of modifying time and distance from pet:	
_____Sleeping arrangements:	
_____Added precaution for children and pregnant women:	
_____What to do if their pet dies or needs medical attention:	
_____Transport/carrying techniques to minimize contact:	
_____Other: (such as 1 animal treated per house per year, boarding, traveling, commercial grooming, or tactile treatment)	

By signing below, I acknowledge I fully understand the radiation safety aspects associated with Synovetin OA.

Name of Owner or interviewee: _____

Signature: Date:

Name of individual who conducted interview: _____

Signature: Date:

Categories of Dog/Owner Distance Behaviors

Measured Exposure Rate at Release (mR/h @ 1m)	0.45	0.4	0.3	0.2	0.1	0.05
Common Contact	Release Instructions Duration (weeks)					
Up to 5 min/day direct contact (e.g. joint to torso) 15 min/day @ 1 ft 4 h/day @ 3 ft e.g., feeding, grooming, petting, dog walking	2	2	2	2	2	2

If Not Common Contact Distance Behaviors, Select One Below

Measured Exposure Rate at Release (mR/h @ 1m)	0.45	0.4	0.3	0.2	0.1	0.05
Extended Duration Intermediate Contact	Release Instructions Duration (weeks)					
Up to 5 min/day direct contact (e.g. joint to torso) 15 min/day @ 1 ft 12 h/day @ 3 ft e.g., dog rests at the feet of the owner etc.	2	2	2	2	2	2
Extended Duration Close Contact						
Up to 5 min/day direct contact (e.g. joint to torso) 3 h/day @ 1 ft e.g., holding dog in lap or on the couch, extended grooming, etc. 4 h/day @ 3 ft	3	3	2	2	2	2
Prolonged Close and Intermediate Contact						
Up to 5 min/day direct contact (e.g joint to torso) 11 h/day @ 1ft 9 h/day @ 3 ft e.g., dog sleeps in the owner's bed etc.	6	5	4	3	2	2

Use the above table to fill in the duration (number of weeks) in the following Release Instructions. Assess the duration for each household member that has substantial interaction with the dog. Use the greatest duration value (weeks) in the Release Instructions. For example, if the table indicates a duration of 2 weeks for Person #1 and 3 weeks for Person #2, insert 3 weeks in the Release Instructions. Determination of which dog/owner behavior is decided upon owner answers to the Pre-Screening Questionnaire.

Appendix C: Synovetin OA Release Instructions

Release Instructions following Synovetin OA® (tin 117m) Canine Arthritis Therapy

Dog's Name:_____Treatment Date: _____

Total Dose Administered:_____mCi Measured Exposure Rate: _____mR/h at 1m

Your dog has been treated with Synovetin OA® (tin-117m) in one or more arthritic joints. Synovetin OA®, a radiotherapeutic treatment, emits ionizing radiation within the joint to relieve pain and inflammation over an extended time period. Your dog's coat and surroundings will not be affected, and the activity will naturally decrease over time. To maintain overall exposure below federally established limits, follow these recommendations for the next_____weeks.

- ✓ Remember to maintain your exposure as low as reasonably achievable (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 **<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 close contact to **15** minutes and should limit 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 children and pregnant women spend in close contact with the dog.
- ✓ Avoid long term/daily boarding or commercial grooming of your dog for two weeks or traveling with it by air or across any international borders or very large, organized events (professional sporting events, parades, etc.). Provide a copy of this document should any questions arise.
- ✓ Minimize use of public transportation and staying in public accommodations (e.g., hotels). Transport your dog in its carrier and/or as far from passengers as is reasonable and safe for the dog.
- ✓ 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 (*insert contact information here)* with any questions.

  Individualized behavior modifications from Pre-Screening Questionnaire:

  _____
  _____
  _____

If your dog dies for any reason within 20 weeks of treatment, contact (*insert contact information here)*.

After expiration of these instructions, you may return to normal interactions with your dog but continue to be prudent about extended close contact.

Veterinarian signature:_____Date: _____

I have received this information orally and in writing, and I understand it. I have had the opportunity to ask any questions.

Dog owner signature:_____Date: _____