

# Instructions for a Gallium Scan

## Department of Nuclear Medicine & Centre for PET

Name: _____
Appointment: Date: _____ Time: _____

Your doctor would like you to have a **Gallium Scan**. The test is to assess soft tissue abnormalities such as infection.

Please report to the:

**Department of Nuclear Medicine, Austin Hospital  
Level 1 of the Harold Stokes Building,  
Burgundy Street, Heidelberg**

If cannot attend on the day, please call the Department to make another appointment time.

The phone number is: **03 9496 5718**

**Procedure:** You are injected with a radioactive tracer.

**The technologist taking your scan will let you know if you are to come back to the Department 24 or 48 hours after the initial injection. You may have to return a third time for more pictures.**

**Preparation:** Nil.

### **An important note for women having Nuclear Medicine Scans:**

As with any test using radiation, you must contact the Department of Nuclear Medicine before your appointment if:

- **You are or may be pregnant, or if you are breast feeding**
- **Please do not bring small children with you**

## Further Information

If you have any questions regarding this information, please contact:

### **Department of Nuclear Medicine**

Phone 03 9496 5718

### **Produced by:**

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