

PET IMAGING REQUEST FORM

Please complete both sides and ensure form is signed by the referring consultant.

PATIENT DETAILS		PATIENT LOCATION	
Name:	_____	<input type="checkbox"/> OP	<input type="checkbox"/> IP Ward: _____ <input type="checkbox"/> Wheelchair <input type="checkbox"/> Trolley <input type="checkbox"/> Bed
Address:	_____	Is patient infectious? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of birth:	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Results required by: _____	
Phone:	_____	Reason for urgent scan: _____	

REFERRING CONSULTANT			
Name:	_____	Provider No:	_____
Address:	_____		
Phone:	Fax: _____	Signature:	Date: _____
Copies of report to: _____			

CLINICAL DETAILS				
Reason for PET scan:	<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Staging	<input type="checkbox"/> Therapeutic monitoring	<input type="checkbox"/> Restaging <input type="checkbox"/> Other
Clinical notes: _____				

PATIENT BACKGROUND			
Weight:	_____	Height:	_____
Diabetic:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insulin type:	_____
Claustrophobic:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Oral agent:	_____

TRACER	
<input type="checkbox"/> FDG	<input type="checkbox"/> PSMA
<input type="checkbox"/> Dotatate/Gatate	<input type="checkbox"/> Other

RECENT CORRELATIVE IMAGING		
<input type="checkbox"/> PET	Date: _____	Where: _____
<input type="checkbox"/> CT	Date: _____	Where: _____
<input type="checkbox"/> Nuc Med	Date: _____	Where: _____
<input type="checkbox"/> MRI	Date: _____	Where: _____
<input type="checkbox"/> Other	Date: _____	Where: _____

Name:

Date of birth:

For Medicare funded studies, please select from the Medicare stipulated indications for PET scans listed below.

INCOMPLETE REFERRALS WILL NOT BE BOOKED. Please contact the department for any out-of-pocket cost.

BRAIN

- Brain tumour:** To evaluate suspected residual or recurrent malignant brain tumour based on anatomical imaging, after definitive therapy (or ongoing chemotherapy), in patients suitable for further active treatment.
- Brain epilepsy:** To evaluate refractory epilepsy which is being evaluated for surgery.
- Brain Alzheimer's:** For the diagnosis of Alzheimer's disease if clinical evaluation equivocal (**maximum of three per lifetime**, no nuclear medicine or FDG brain scan in the previous 12 months).

HEAD AND NECK

- Head and Neck Ca Staging:** Biopsy proven newly diagnosed or recurrent Ca.
- Head and Neck Ca Post Treatment:** Evaluation of suspected residual disease considered suitable for further treatment.

SQUAMOUS CELL CARCINOMA (SCC)

- SCC:** Evaluation of metastatic SCC of unknown primary site involving cervical nodes.

LUNG

- Solitary pulmonary nodule:** If: (a) the nodule is considered unsuitable for transthoracic fine needle aspiration biopsy; (b) failed attempt at pathological characterisation.
- Non-Small Cell Lung Ca:** Staging of proven NSCLC, if curative surgery or radiotherapy is planned.

LYMPHOMA

- Hodgkin's or Non-Hodgkin's Lymphoma Staging:** Newly diagnosed or previous untreated disease.
- Hodgkin's or Non-Hodgkin's Lymphoma Assess 1st treatment:** During or after first treatment (within three months of completion).
- Hodgkin's or Non-Hodgkin's Lymphoma Restaging:** Following confirmation of recurrence.
- Hodgkin's or Non-Hodgkin's Lymphoma Response to 2nd treatment:** To second line chemotherapy when considering stem cell treatment.

COLORECTAL

- Colorectal Ca:** Following initial treatment, for the evaluation of suspected residual, metastatic or recurrent disease in a patient considered suitable for active treatment.

GEJ/OESOPHAGEAL

- Oesophageal or GEJ Ca Staging:** of proven disease suitable for treatment.

CERVIX

- Uterine Cervix Staging:** Histological proven FIGO stage IB2 or greater, prior to radiotherapy or combine treatment with curative intent.
- Uterine Cervix Recurrence:** Confirmed local recurrence, when considered suitable for salvage chemo/radiotherapy or surgery.

OVARIAN

- Ovarian Ca Restaging:** Post initial treatment, evaluation of suspected residual, metastatic or recurrent disease suitable for treatment.

MELANOMA

- Melanoma:** Suspected metastatic disease or recurrence post initial treatment, considered suitable for active treatment.

SARCOMA

- Sarcoma Staging:** Biopsy proven bone or soft tissue sarcoma, excluding GIST, potentially curable.
- Sarcoma Restaging:** Suspected residual or recurrent disease, excluding GIST, after initial treatment, suitable for further treatment.

NEUROENDOCRINE

- Neuroendocrine:** Biochemically suspected gastro-entero-pancreatic NET with biochemical or equivocal conventional imaging OR surgically amenable gastro-entero-pancreatic NET identified conventionally and to exclude additional sites of disease.

BREAST

- Breast Ca Staging:** of locally advanced (Stage III) breast cancer in a patient considered potentially suitable for active therapy.
- Breast Ca Restaging:** Evaluation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma in a patient considered suitable for active therapy.

PROSTATE

- Prostate Ca Staging:** Initial staging of, previously untreated, intermediate to high risk prostate adenocarcinoma for locoregional treatment with curative intent. **This item can only be used for confirmed prostate Ca. (Maximum of one per lifetime)**
- Prostate Ca Restaging:** Restaging for recurrence, post locoregional treatment, and suitable for further treatment. Refer to MBS for further conditions. **This item cannot be used for surveillance. (Maximum of twice per lifetime)**

RARE OR UNCOMMON CANCER

Initial staging of eligible cancer type and considered for active therapy if cancer rare or uncommon and is a typically FDG avid cancer with at least a 10% likelihood of PET study changing management. Referrer to record in clinical notes that patient has a rare or uncommon cancer and that it meets eligibility. **(Claim once per cancer diagnosis)** Tick the appropriate indication below:

- anal cancer
- bladder cancer
- brain and other central nervous system (cancer of the)
- brain cancer
- gallbladder and extrahepatic bile ducts (cancer of the)
- gastrointestinal stromal tumours (GIST)
- Kaposi sarcoma
- liver cancer
- Merkel cell cancer
- mesothelioma
- multiple myeloma
- ovarian cancer (incidence only)
- ovarian cancer and serous carcinomas of the fallopian tube
- pancreatic cancer
- penile cancer
- peritoneal cancer
- placenta cancer
- small cell lung cancer
- small intestine (cancer of the)
- stomach cancer
- testicular cancer
- thyroid cancer
- unknown primary site (cancer of)
- uterine cancer
- vaginal cancer
- vulvar cancer

OTHER

- Other tumour/indication:** Non-Medicare funded – these indications will attract an out-of-pocket charge, none of which is rebated by Medicare.

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- Newly approved Medicare funded indication.** Please specify:
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