CABRINI MEDICAL IMAGING

PET IMAGING REQUEST FORM

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

PATIENT DETAILS

Name:

Address:

Date of birth: ☐ Male ☐ Female

Phone:

PATIENT LOCATION

☐ OP ☐ IP Ward: _____ ☐ Wheelchair ☐ Trolley ☐ Bed

Is patient infectious? ☐ Yes ☐ No

Results required by:

Reason for urgent scan:

REFERRING CONSULTANT

Name: Provider No:

Address:

Phone: Fax: Signature: Date:

Copies of report to:

CLINICAL DETAILS

Reason for PET scan: ☐ Diagnosis ☐ Staging ☐ Therapeutic monitoring ☐ Restaging ☐ Other

Clinical notes:

PATIENT BACKGROUND

Weight: Height: Claustrophobic: ☐ Yes ☐ No

Diabetic: ☐ Yes ☐ No Insulin type: Oral agent:

TRACER

☐ **FDG** ☐ **FBB** ☐ **PSMA**

☐ **Dotatate/Gatate** ☐ **Other**

RECENT CORRELATIVE IMAGING

☐ **PET**	Date:	Where:
☐ **CT**	Date:	Where:
☐ **Nuc Med**	Date:	Where:
☐ **MRI**	Date:	Where:
☐ **Other**	Date:	Where:

Cabrini Medical Imaging
183 Wattletree Road, Malvern VIC 3144
03 9508 1429 | e: nuclearmedicine@cabrini.com.au

Cabrini MEDICAL IMAGING

Reviewed October 2025

CABRINI MEDICAL IMAGING

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)**
- ☐ **Prostate Ca Suitability for Therapy:** Whole body PSMA PET study, performed for the assessment of suitability for Lutetium 177 PSMA therapy in a patient with metastatic castrate-resistant prostate cancer, after progressive disease has developed while undergoing prior treatment with at least one taxane chemotherapy and at least one androgen receptor signalling inhibitor.

RARE OR UNCOMMON CANCER

- ☐ **FDG avid cancer Staging:** Whole body FDG PET study for the initial staging of cancer,for a patient who is considered suitable for active therapy, if:
  (a) the cancer is typically FDG-avid cancer; and
  (b) there is at least 10% likelihood that a PET study result will inform a significant change in management for the patient.
  Applicable once per cancer diagnosis.
- ☐ **FDG avid cancer Restaging:** Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent cancer in a patient who is undergoing, or is suitable for, active therapy, if the cancer is a typically FGD-avid cancer (R).

OTHER

- ☐ **Non-Medicare funded indication:** these indications will attract an out-of-pocket charge, none of which is rebated by Medicare e.g. Arteritis/Vasculitis.

  _____

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

  _____

- ☐ **FDG PET due to unavailability of gallium-67:** Whole body study using PET, if the service is performed because the services to which items 61429, 61430, 61442, 61450 or 61453 apply, cannot be performed due to the unavailability of gallium-67.

Cabrini MEDICAL IMAGING