

# PET/CT Request Form

Prince of Wales Hospital

Department of Nuclear Medicine and PET



Health

South Eastern Sydney  
Local Health District

Level 2 Campus Centre, Barker St, Randwick 2031 NSW Phone 02 9382 2200 Fax 02 9382 2235

Dr E.A. Wegner, A/Prof M.A. Rossleigh, Dr W.Haindl, Dr I. Ho Shon and Associates

<b>NAME</b>	<b>DOB</b>	<b>MRN</b>	<b>M / F</b>
<b>ADDRESS</b>		<b>Best contact:</b>	
<b>URGENCY</b> <input type="checkbox"/> <3 days <input type="checkbox"/> <7 days <input type="checkbox"/> 7-14 days <input type="checkbox"/> non-urgent on or before ___/___/___			
<b>CLINICAL NOTES</b>		<b>Surgery / Radiotherapy / Chemotherapy</b>	
DIABETES No/Diet/NIDDM/Insulin (please call for separate instructions)		Type/Site _____ Date: last _____ next _____	

## MBS INDICATION (please tick one)

<b>LUNG</b>	<input type="checkbox"/> solitary pulmonary nodule unsuitable for FNAB or failed pathological characterisation (61523)
	<input type="checkbox"/> NSCLC staging for planned curative surgery or radiotherapy (61529)
<b>LYMPHOMA</b>	<input type="checkbox"/> staging of newly diagnosed / previously untreated disease (61620)
	<input type="checkbox"/> evaluation of residual mass or treatment response during or within 3 months of therapy (61622)
	<input type="checkbox"/> restaging of confirmed recurrence (61628)
	<input type="checkbox"/> evaluation of response to 2 <sup>nd</sup> line chemotherapy prior to stem cell transplant (61632)
<b>SARCOMA</b> (excl GIST)	<input type="checkbox"/> staging of biopsy proven disease considered curable (61640)
	<input type="checkbox"/> restaging of residual or recurrent disease prior to further treatment with curative intent (61646)
<b>HEAD &amp; NECK</b>	<input type="checkbox"/> staging of newly diagnosed or recurrent disease (61598)
	<input type="checkbox"/> restaging of suspected residual disease after definitive treatment (61604)
	<input type="checkbox"/> SCC of unknown primary with cervical node involvement (61610)
<b>MELANOMA</b>	<input type="checkbox"/> restaging of metastatic or recurrent disease (61553)
<b>GIT</b>	<input type="checkbox"/> colorectal cancer restaging of suspected residual, metastatic or recurrent disease (61541)
	<input type="checkbox"/> oesophageal / GEJ cancer staging prior to active therapy (61577)
<b>GYNAE</b>	<input type="checkbox"/> ovarian cancer restaging of suspected residual, metastatic or recurrent disease (61565)
	<input type="checkbox"/> cervical cancer stage at least FIGO IB2, prior to radical XRT or combined Rx with curative intent (61571)
	<input type="checkbox"/> cervical cancer staging of focal recurrence pre salvage chemo or exenteration with curative intent (61575)
<b>BREAST</b>	<input type="checkbox"/> staging of locally advanced (stage III) cancer suitable for active therapy (61524)
	<input type="checkbox"/> suspected locally recurrent or suspected metastatic cancer suitable for active therapy (61525)
<b>BRAIN</b>	<input type="checkbox"/> brain cancer for further therapy planning in suspected residual or recurrent disease (61538)
	<input type="checkbox"/> epilepsy evaluation of refractory disease prior to surgery (61559)
	<input type="checkbox"/> diagnosis of Alzheimer's disease: once/ year, max 3 in lifetime, no brain SPECT within one year (61560)
<b>RARE</b>	<input type="checkbox"/> initial staging of rare cancer (incidence <12/100,000/year, as listed in IN.0.17 MBS). Cancer is typically FDG avid, with >10% likelihood of significant management change. Once per cancer diagnosis (61612)
<b>GEP NET</b> Ga-68 DOTA	<input type="checkbox"/> gastroenteropancreatic NET with +ve biochemical markers and negative conventional imaging (61647)
	<input type="checkbox"/> gastroenteropancreatic NET presurgical staging of confirmed disease to exclude additional sites (61647)
<b>PROSTATE</b> Ga-68 PSMA	<input type="checkbox"/> initial staging of medium- high risk prostate cancer, no prior Rx, curative intent, max 1 in lifetime (61563)
	<input type="checkbox"/> restaging of recurrent prostate cancer with previous local Rx, for further local Rx, max 2 in lifetime (61564)
<b>NON-MBS</b>	Cost up to \$1500 <input type="checkbox"/> F18-FDG <input type="checkbox"/> Ga-68 DOTA <input type="checkbox"/> Ga-68 PSMA <input type="checkbox"/> Other _____ <input type="checkbox"/> Research

<b>REFERRING CONSULTANT</b>	<b>Provider no</b>
<b>ADDRESS</b>	<b>Phone</b> <b>Fax</b> <b>Email</b>
<b>SIGNATURE</b>	<b>DATE</b> ___/___/___