

PET/CT Request Form

Prince of Wales Hospital

Department of Nuclear Medicine and PET



Health

South Eastern Sydney
Local Health District

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NAME		DOB	MRN	M / F
ADDRESS			Mobile	
			Home	
			Work	
Wt (kg)	Ht (cm)	DIABETES No / Diet / NIDDM / Insulin (please call for separate instructions)		
URGENCY <input type="checkbox"/> <3 days <input type="checkbox"/> <7 days <input type="checkbox"/> 7-14 days <input type="checkbox"/> non-urgent on or before ___/___/___				
CLINICAL NOTES				
<input type="checkbox"/> XRT pallet <input type="checkbox"/> specific position:				
SURGERY date ___/___/___ site/type		RADIO THERAPY date ___/___/___ site		CHEMOTHERAPY last cycle ___/___/___ next cycle ___/___/___
MBS INDICATION (please tick one)				
LUNG	<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)			
LYMPHOMA	<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 nd line chemotherapy prior to stem cell transplant (61632)			
SARCOMA (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)			
HEAD & NECK	<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)			
MELANOMA	<input type="checkbox"/> restaging of metastatic or recurrent disease (61553)			
GIT	<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)			
GYNAE	<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)			
BRAIN	<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)			
GEP NET Ga68-DOTATATE	<input type="checkbox"/> GEP NET with positive biochemical markers and negative conventional imaging (61647)			
	<input type="checkbox"/> GEP NET presurgical assessment of confirmed disease to exclude additional sites (61647)			
NON-MBS Scan cost \$400-\$1500	Fluorine-18 tracer: FDG <input type="checkbox"/> FET <input type="checkbox"/> Other <input type="checkbox"/> (please specify)			
	Gallium-68 tracer: DOTATATE <input type="checkbox"/> PSMA <input type="checkbox"/> Other <input type="checkbox"/> (please specify)			
	<input type="checkbox"/> Research (please complete a separate research study request form)			
REFERRING CONSULTANT			Provider no	
ADDRESS			Phone	
			Fax	
			Email	
SIGNATURE			DATE ___/___/___	