

PET IMAGING REQUEST FORM

PLEASE COMPLETE BOTH SIDES AND ENSURE FORM IS SIGNED BY THE REFERRING CONSULTANT

PATIENT DETAILS

First Name: Date of Birth:/...../.....
Surname: Phone (H): Phone (W):
Weight:kg Height:cm/feet Mobile Phone:
 Diabetic? IDDM / NTDDM Claustrophobic? Clinical Trial? Trial Name:
Date results required by: Urgent Routine Subject ID: Visit No:

CLINICAL INDICATION

Primary Site of Disease:

Histology/Pathology:

Notes:
.....

PLEASE SELECT THE CMB REIMBURSIBLE CLINICAL INDICATION BELOW IF APPROPRIATE

STAGING/DIAGNOSIS

- Solitary Pulmonary Nodule (not suitable for transthoracic FNAB, or if attempt at pathological characterisation has failed).
- Staging of NSCLC (**Lung carcinoma**) being considered for curative surgery or radiotherapy.
- Staging of **Indolent non-Hodgkin's Lymphoma** if clinical, pathological and imaging findings indicate stage is I or IIA, prior to radiotherapy.
- Staging of newly diagnosed or previously untreated **Hodgkin's or non-Hodgkin's Lymphoma** (excluding indolent NHL).
- Staging of biopsy proven newly diagnosed **Head and Neck carcinoma**.
- Evaluation of **metastatic squamous cell carcinoma** from an unknown primary involving cervical nodes.
- Staging of newly diagnosed **Oesophageal carcinoma** or **GEJ** in patients considered suitable for active therapy.
- Staging of histologically proven carcinoma of **Uterine Cervix** (FIGO stage I82 or greater) prior to radiotherapy or combined modality therapy.
- Staging of biopsy-proven **Bone or Soft Tissue Sarcoma** (excluding GIST) considered by conventional staging to be potentially curable.
- Other (non-funded clinical indication). Please specify:

STAGING/RESTAGING

- PSMA + CT Chest/Abdo/Pelvis (non-rebatable will attract a fee)
- Dotatate (non-rebatable will attract a fee)
- +/- **US guided cannulation if required**

IN ADDITION TO PET I WISH TO ORDER A DIAGNOSTIC CT OF:

Brain Neck Chest Abdomen Pelvis Other region:

RESTAGING/RECURRENCE

- Assess response to first line therapy for **Hodgkin's or non-Hodgkin's Lymphoma** (either during treatment or within 3 months of completion).
- Restaging of confirmed recurrence of **Hodgkin's or non-Hodgkin's Lymphoma** (excluding indolent NHL).
- Assess response to second-line chemotherapy (when stem cell transplantation being considered) for **Hodgkin's or non-Hodgkin's Lymphoma**.
- Suspected residual or recurrent **Head and Neck carcinoma** (after definitive treatment in pts considered suitable for active therapy).
- Suspected residual, metastatic or recurrent **Colorectal carcinoma** considered for active therapy, following initial therapy.
- Suspected metastatic or recurrent **Malignant Melanoma** in patients considered suitable for active therapy, following initial therapy.
- Confirmed recurrence of **Uterine Cervix carcinoma** suitable for salvage chemoradiotherapy or exenteration.
- Suspected residual or recurrent **Malignant Brain Tumour** based on anatomical imaging findings in patients considered suitable for active therapy.
- Suspected residual or recurrent **Sarcoma (excluding GIST)** after initial therapy to assess suitability for subsequent curative treatment.
- Suspected residual, metastatic or recurrent of **Ovarian carcinoma** in patients suitable for active treatment, following initial therapy.
- Evaluation of refractory **Epilepsy** being evaluated for surgery.
- Other (non-funded clinical indication). Please specify:

RECENT CORRELATIVE IMAGING

- CT Date: / / Where: Relevant Findings:
- MRI Date: / / Where: Relevant Findings:
- Other Date: / / Where: Relevant Findings:

Medicare rebates are available to private patients referred by a **Specialist** if the clinical indication meets the above criteria.

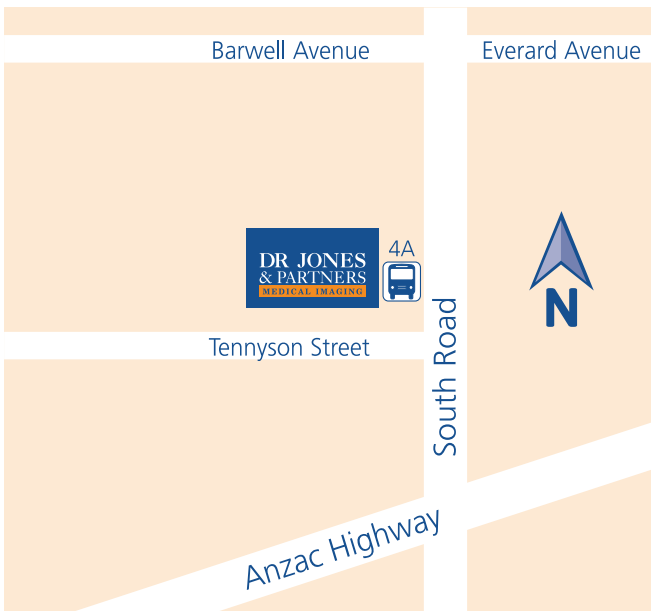
Other non-funded indications will attract a charge of 85% of the Medicare Schedule Fee or 75% in combination with a diagnostic CT scan.

REFERRING CONSULTANT/SPECIALIST *Medicare requires that to be reimbursable, PET scans must be **specialist referred**.

Date: / / Signature:

Copies of report to:

LOCATION MAP



Kurralta Park (Tennyson Centre)
 520 South Road, Kurralta Park, SA 5037
Phone: 8193 9500 **Fax:** 8193 9550
Country Freecall: 1800 804 887



SAHMRI (Clinical & Research Imaging Centre)
 Northern Pod, SAHMRI Building
 North Terrace, Adelaide, SA 5000
Phone: 8470 6750 **Fax:** 8470 6780

*Your doctor has recommended you use Dr Jones & Partners Imaging.
 You may choose another provider however it is important to discuss this with your doctor first.*