The AlfredNuclear Medicine Department
First Floor - East Block, Commercial Rd
Melbourne VIC Australia 3004
Enquiries & Appointments PHONE: +61 3 9076 2432
Submit a referral FAX: +61 3 9076 2599; EMAIL: nmedbookings@alfred.org.au
Reports & images PHONE: +61 3 9076 6062
If you need to be registered for electronic access (via Intelerad and Healthlink) contact 03 9076 0251 or edelivery@alfredhealth.org.au
The latest version of this form is available at www.alfredhealth.org.au/nuclearmedicine

PET Imaging Request Form

COMPLETE BOTH SIDES & ENSURE FORM IS SIGNED BY THE REFERRING CONSULTANT SPECIALIST

Patient Information

- **Is patient an inpatient?** □Yes □No
  - **Ward_____ Unit_____**
- **Diabetic?** □No □IDDM □NIDDM
- **Is patient claustrophobic?** □Yes □No
- **Interpreter required?** □Yes □No
  - **Language_____**
- **Patient's weight & height (kg and cm)**
  - **Kg_____ cm_____**

Patient Identification or ID Sticker

Alfred Health UR#:

Surname:

First Name:

Address:

Date of Birth:

Contact Number:_____**
*** MUST BE SUPPLIED for confirmation*

Cultural considerations/support needs:

Medicare requires that PET scans must be specialist referred for bulk billing.

Referring Specialist Name & Address **(where results will be delivered)**

Provider No: _____

Phone number: _____ Fax number: _____

Signature: _____Date of Referral _____

Reason for urgent scan: _____Date required by_____

Please send copy of report to (name and address):

Tracer

□ ^{18}F-FDG □ ^{68}Ga-Dotatate □ ^{18}F-FET □ ^{68}Ga-PSMA □ Other_____

Clinical Notes: Please include details of previous treatments (eg surgery & chemo/radiotherapy), complications (eg inflammation/infection) and the clinical indication for the PET/CT scan:

RT Planning Position Required □Yes □No **With RT Mask** □ Yes □No

Recent correlative imaging

❑ **CT** Date:- _____ Provider/where:-_____

❑ **MRI/Other** Date:- _____ Provider/where:-_____

Please ensure patient brings external films with them

Office Use Only

❑ Appr. Dr:_____Date:_____

Service Code:_____

Time Frame:_____

Not For scanning into medical records

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Please select an appropriate clinical indication below.
Outpatients referred by a **specialist** can be bulk-billed based on MBS 1/1/2016 criteria.

*Patients referred for non-Medicare PET scan indications (not eligible for bulk-billing) may be charged between $400 and $1,200. Overseas patients attract a charge of $2,000 billed on the day of the scan.

Patient Full Name _____ **Patient DOB** _____

Staging/Diagnosis

- ❑ **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; 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
- ❑ **SOLITARY PULMONARY NODULE** Whole body FDG PET study, performed for evaluation of a solitary pulmonary nodule where the lesion is considered unsuitable for transthoracic fine needle aspiration biopsy, or for which an attempt at pathological characterisation has failed
- ❑ **NON-SMALL CELL LUNG CANCER** Whole body FDG PET study, performed for the staging of proven non-small cell lung cancer, where curative surgery or radiotherapy is planned
- ❑ **MELANOMA** Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected metastatic or recurrent malignant melanoma in patients considered suitable for active therapy
- ❑ **CERVIX** Whole body FDG PET study, for the further primary staging of patients with histologically proven carcinoma of the uterine cervix, at FIGO stage IB2 or greater by conventional staging, prior to planned radical radiation therapy or combined modality therapy with curative intent
- ❑ **OESOPHAGEAL CANCER** Whole body FDG PET study, performed for the staging of proven oesophageal or GEJ carcinoma, in patients considered suitable for active therapy
- ❑ **HEAD & NECK** Whole body FDG PET study performed for the staging of biopsy-proven newly diagnosed or recurrent head and neck cancer
- ❑ **SQUAMOUS CELL CARCINOMA NECK NODES** Whole body FDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes
- ❑ **LYMPHOMA: HODGKIN'S OR NON-HODGKIN'S** Whole body FDG PET study for the initial staging of newly diagnosed or previously untreated Hodgkin's or non-Hodgkin's lymphoma
- ❑ **SARCOMA** Whole body FDG PET study for initial staging of patients with biopsy-proven bone or soft tissue sarcoma (excluding gastrointestinal stromal tumour) considered by conventional staging to be potentially curable
- ❑ **EPILEPSY** FDG PET study of the brain, performed for the evaluation of refractory epilepsy which is being evaluated for surgery
- ❑ **Ga-68 DOTATATE NEUROENDOCRINE** Whole body Ga-68 DOTA-peptide PET study (including any associated CT scans for anatomic localisation and attenuation correction), if: (a) a gastro-entero-pancreatic neuroendocrine tumour is suspected on the basis of biochemical evidence with negative or equivocal conventional imaging; or (b) both: (i) a surgically amenable gastro-entero-pancreatic neuroendocrine tumour has been identified on the basis of conventional techniques; and (ii) the study is for excluding additional disease sites
- ❑ **BREAST** Whole body FDG PET study performed for the staging of locally advanced (Stage III) breast cancer in a patient considered potentially suitable for active therapy.
- ❑ **Ga-68 PSMA PROSTATE** Whole body prostate-specific membrane antigen PET study performed for the initial staging of intermediate to high-risk prostate adenocarcinoma, for a previously untreated patient who is considered suitable for locoregional therapy with curative intent.

❑ .**Other (Non Funded Indication) * Refer to note at top**

Please Specify _____

Restaging/Surveillance

- ❑ **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 typically FDG-avid.
- ❑ **COLORECTAL CARCINOMA** Whole body FDG PET study, following initial therapy, for the evaluation of suspected residual, metastatic or recurrent colorectal carcinoma in patients considered suitable for active therapy
- ❑ **MELANOMA** Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected metastatic or recurrent malignant melanoma in patients considered suitable for active therapy
- ❑ **OVARIAN CANCER** Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent ovarian carcinoma in patients considered suitable for active therapy
- ❑ **HEAD & NECK RESTAGING** Whole body FDG PET study performed for the evaluation of patients with suspected residual head and neck cancer after definitive treatment, and who are suitable for active therapy
- ❑ **HEAD & NECK RECURRENCE** Whole body FDG PET study performed for the staging of biopsy-proven newly diagnosed or recurrent head and neck cancer
- ❑ **LYMPHOMA RESPONSE** Whole body FDG PET study to assess response to first line therapy either during treatment or within three months of completing definitive first line treatment for Hodgkin's or non-Hodgkin's lymphoma
- ❑ **LYMPHOMA RECURRENCE** Whole body FDG PET study for restaging following confirmation of recurrence of Hodgkin's or non-Hodgkin's lymphoma
- ❑ **LYMPHOMA PRE TRANSPLANT** Whole body FDG PET study to assess response to second-line chemotherapy when stem cell transplantation is being considered, for Hodgkin's or non-Hodgkin's lymphoma
- ❑ **CERVIX** Whole body FDG PET study, for the further staging of patients with confirmed local recurrence of carcinoma of the uterine cervix considered suitable for salvage pelvic chemoradiotherapy or pelvic exenteration with curative intent
- ❑ **BRAIN TUMOUR** FDG PET study of the brain for evaluation of suspected residual or recurrent malignant brain tumour based on anatomical imaging findings, after definitive therapy (or during ongoing chemotherapy) in patients who are considered suitable for further active therapy
- ❑ **SARCOMA** Whole body FDG PET study for the evaluation of patients with suspected residual or recurrent sarcoma (excluding gastrointestinal stromal tumour) after the initial course of definitive therapy to determine suitability for subsequent therapy with curative intent
- ❑ **BREAST** Whole body FDG PET study performed for the evaluation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma in a patient considered suitable for active therapy.
- ❑ **Ga-68 PSMA PROSTATE RESTAGING** Whole body prostate-specific membrane antigen PET study performed for the restaging of recurrent prostate adenocarcinoma, for a patient who:
(a) has undergone prior locoregional therapy; and
(b) is considered suitable for further locoregional therapy to determine appropriate therapeutic pathways and timing of treatment initiation.
- ❑ **Ga-68 PSMA PET FOR LuPSMA SUITABILITY ASSESSMENT** 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

❑ **Other (Non Funded Indication) * Refer to note at top**

Please Specify _____