



**Patient Details: affix patient label here**

Surname: \_\_\_\_\_ UR: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Handwritten Confirmation of Patient Details**

Name: \_\_\_\_\_  
 UR Number: \_\_\_\_\_  
 Interpreter Required: \_\_\_\_\_  
 Language: \_\_\_\_\_  
 Is the Patient Diabetic: \_\_\_\_\_

**Patient Referred From** (please specify) Outpatient Clinic/Inpatient Ward:

**Requesting Doctor** (please note: Patients MUST be referred by a Specialist to obtain a Medicare Rebate for PET imaging)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ Provider Number: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Relevant Clinical History**

**Group 1: Staging/Diagnosis** (eligible for Medicare rebate). **Please select the appropriate indication**

**Whole Body FDG Study for:**

- Solitary pulmonary nodule (not suitable for FNAB), or if attempt at pathological characterisation has failed
- Staging of NSCLC (Lung Carcinoma) being considered for curative surgery or radiotherapy
- Staging of newly diagnosed previously untreated Hodgkin's or non-Hodgkin's lymphoma
- Staging of biopsy proven newly diagnosed head and neck carcinoma
- Evaluation of metastatic squamous cell carcinoma from unknown primary involving cervical nodes
- Staging of newly diagnosed oesophageal carcinoma or GEJ in patients considered suitable for active therapy
- Further primary staging of histologically proven carcinoma of the uterine cervix (FIGO stage IB2 or greater) prior to planned radical radiotherapy or combined modality therapy with curative intent
- Initial staging of patients with biopsy proven bone or soft-tissue sarcoma (excluding GIST) considered by conventional staging to be potentially curable
- Staging of locally advanced (Stage III) Breast cancer

\*Please note: the CT performed as part of a PET/CT is for anatomical correlation and is NOT a diagnostic CT. If you require a diagnostic CT, with or without contrast please provide a formal request with clinical information in the space below.

**Diagnostic CT region:**

**Renal Function:**

Normal

Abnormal

eGFR: \_\_\_\_\_

Date: \_\_\_\_\_

**Group 2: Restaging/Recurrence (eligible for a Medicare rebate) Please select the appropriate indication**

**Whole Body FDG Study for:**

- Assess response to first line therapy for Hodgkin's or non-Hodgkin's lymphoma (either during treatment or within 3 months of completing definitive first line treatment)
- Restaging of confirmed recurrence of Hodgkin's or non-Hodgkin's lymphoma
- Assess response to second line chemotherapy (where stem cell transplantation is being considered) for Hodgkin's or non-Hodgkin's lymphoma
- Suspected residual or recurrent head and neck carcinoma (after definitive treatment in patients considered suitable for active therapy)
- Following initial therapy for suspected residual, metastatic or recurrent colorectal carcinoma in patients suitable for active therapy
- Following initial therapy for suspected metastatic or recurrent malignant melanoma in patients suitable for active therapy
- Further staging, confirmed recurrence of uterine cervix carcinoma suitable for salvage pelvic chemoradiotherapy or exenteration
- Suspected residual or recurrent sarcoma (excluding GIST) after initial therapy to assess suitability for subsequent curative treatment
- Following initial therapy for suspected residual, metastatic or recurrent ovarian carcinoma in patients suitable for active treatment
- Suspected metastatic, or suspected recurrent Breast cancer

**FDG Study of Brain for:**

- Evaluation of refractory epilepsy being evaluated for surgery
- 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 active therapy

**<sup>68</sup>Ga-DOTATATE study for:**

- Staging of biochemically suspected GEP Neuroendocrine tumours or assessment of resectability of metastatic GEP neuroendocrine tumours

**Group 3: Additional Indications (the following indications are NOT currently eligible for a Medicare rebate\*)**

- |   |   |
|---|---|
| <input type="checkbox"/> Brain FDG PET for Neurodegeneration                                      | <input type="checkbox"/> Endometrial carcinoma                        |
| <input type="checkbox"/> Brain FET-PET for primary or metastatic disease                          | <input type="checkbox"/> Prostate cancer: <sup>18</sup> F-DCPyL (PSR) |
| <input type="checkbox"/> Brain FBB PET for Amyloid for Neurodegeneration                          | <input type="checkbox"/> Myeloma                                      |
| <input type="checkbox"/> Small cell lung carcinoma (note: non-small cell lung funded)             | <input type="checkbox"/> Genetourinary cancers                        |
| <input type="checkbox"/> Cardiac FDG PET (cardiac sarcoid)  | <input type="checkbox"/> Bone cancers                                 |
| <input type="checkbox"/> Gastric carcinoma (note gastro-esophageal junction funded)               | <input type="checkbox"/> Metastases from unknown primary              |
| <input type="checkbox"/> Liver or biliary cancer  | <input type="checkbox"/> Infection / Inflammation                     |
| <input type="checkbox"/> Neuroendocrine carcinoma FDG PET (note <sup>68</sup> Ga-DOTA PET funded) | <input type="checkbox"/> Other:                                       |

\*Referrers are asked to ensure patients are aware that there will be a charge for PET scans that do not attract a Medicare rebate.

**Clinical Trials**

Is the patient on a clinical trial:

If so, what is the trial code:

Who is the trial coordinator:

Coordinators signature:

**For use by Medical Imaging Staff**

**Details of Radiopharmaceutical:**

Study Protocol Details:

Signature of Medical Specialist:

Radiopharmaceutical Label: