

PATIENT DETAILS

EXAMINATION REQUIRED

REASON FOR REFERRAL, CLINICAL NOTES

REFERRER DETAILS

PLEASE INDICATE ON THE REVERSE SIDE THE REASON FOR THE STUDY FOR MEDICARE PURPOSES

FDG PET/CT       PSMA PET/CT

PET/CT includes a low dose, non diagnostic CT for anatomical correlation.  
If additional diagnostic CT required please specify regions:

Head    Neck    Chest    Abdo    Pelvis    With contrast    Without contrast

Weight (kg) \_\_\_\_\_ Diabetic  Y  N      Insulin  Y  N      Claustrophobic  Y  N  
Primary Site of Disease \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

**SURGERY / BIOPSY DATES**

|                         |   |                         |                |
|-------------------------|---|-------------------------|----------------|
| Chemotherapy            | <input type="checkbox"/> Y <input type="checkbox"/> N | Last Dose               | Next Dose      |
| Radiotherapy            | <input type="checkbox"/> Y <input type="checkbox"/> N | Last Dose               | Next Dose      |
| Immunotherapy           | <input type="checkbox"/> Y <input type="checkbox"/> N | Last Dose               | Next Dose      |
| Impaired Renal Function | <input type="checkbox"/> Y <input type="checkbox"/> N | eGFR                    | mls   min Date |
| Previous PET Scan       | <input type="checkbox"/> Y <input type="checkbox"/> N | Date                    | Location       |
| Previous CT Scan        | <input type="checkbox"/> Y <input type="checkbox"/> N | Date                    | Location       |
| Scan Is                 | <input type="checkbox"/> URGENT                       | PET RESULTS REQUIRED BY |                |

**FOR OFFICE USE ONLY**

**PRE-EXAMINATION CHECK**  
I confirm that prior to this examination the following processes were completed:  
 Patient ID & Procedure Matching Process  
 Informed Consent Obtained  
Staff Initial \_\_\_\_\_

**FOR ALL EXAMINATIONS USING RADIATION**  
PREGNANT?      Yes  No   
If yes, I confirm that Radiologist consent was obtained with approval to proceed      Yes  No

**Contrast Allergies**      Yes  No   
**Renal Disease**      Yes  No   
**Diabetes Metformin Treatment**      Yes  No   
**Blood Thinning Medication**      Yes  No   
**Pacemaker**      Yes  No

Signature\*

Date\*

All reports and images are available electronically. Please tick below for your additional requests.  Referrals Forms Required

**REPORTS**    Urgent Results    Fax    Download    Phone    Copy reports to:

Disclaimer: Where deemed necessary for patient management please accept this request as a referral for consultation to investigate the patient's condition and history and form an opinion on the specific treatment required for the management of the condition or problem.

MEDICARE ELIGIBLE INDICATIONS AND CRITERIA (PLEASE TICK)

|             | MBS ITEM | INDICATIONS   |                     |
|-------------|----------|---|---------------------|
| LUNGS       | 61523    | <input type="checkbox"/> Evaluation of solitary nodule where the lesion is considered unsuitable for biopsy, or for which biopsy has failed.  | Diagnosis           |
|             | 61529    | <input type="checkbox"/> Staging of proven NSCLC, where curative surgery or R/T is planned.   | Staging             |
| BREAST      | 61524    | <input type="checkbox"/> Staging of locally advanced (stage III) breast cancer for a patient who is considered suitable for active therapy.   | Staging             |
|             | 61525    | <input type="checkbox"/> Evaluation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma, for a patient who is considered suitable for active therapy.   | Restaging           |
| GIT         | 61541    | <input type="checkbox"/> Following initial therapy, for the evaluation of suspected residual, metastatic, or recurrent colorectal carcinoma in patients considered suitable for active therapy.   | Restaging           |
|             | 61577    | <input type="checkbox"/> Staging of proven oesophageal or GEJ carcinoma, in patients who are considered suitable for active therapy.  | Staging             |
| MELANOMA    | 61553    | <input type="checkbox"/> Following initial therapy, for the evaluation of suspected metastatic or recurrent malignant melanoma in patients considered suitable for active therapy.  | Restaging           |
| GYNAE       | 61565    | <input type="checkbox"/> Following initial therapy, for the evaluation of suspected residual, metastatic, or recurrent ovarian carcinoma in patients considered suitable for active therapy   | Restaging           |
|             | 61571    | <input type="checkbox"/> 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 R/T or a combined modality therapy with curative intent.  | Staging             |
|             | 61575    | <input type="checkbox"/> 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.   | Restaging           |
| HEAD & NECK | 61598    | <input type="checkbox"/> Staging of biopsy proved newly diagnosed or recurrent head and neck cancer.  | Staging             |
|             | 61604    | <input type="checkbox"/> Evaluation of patients with suspected residual head and neck cancer after definitive treatment, and who are suitable for active therapy.   | Restaging           |
|             | 61610    | <input type="checkbox"/> Evaluation of squamous cell carcinoma of unknown primary site involving cervical nodes.  | Staging             |
| LYMPHOMA    | 61620    | <input type="checkbox"/> Initial staging of newly diagnosed or previously untreated Hodgkin or non-Hodgkin lymphoma.  | Staging             |
|             | 61622    | <input type="checkbox"/> Assess response to first line therapy either during treatment or within 3 months of completing definitive first line treatment for Hodgkin or non-Hodgkin lymphoma.  | Post Therapy        |
|             | 61628    | <input type="checkbox"/> Restaging following confirmation of recurrence of Hodgkin or non-Hodgkin lymphoma.   | Restaging           |
|             | 61632    | <input type="checkbox"/> Assess response to second-line chemotherapy is haemopoietic stem cell transplantation is being considered for Hodgkin or non-Hodgkin lymphoma.   | Post Therapy        |
| SARCOMA     | 61640    | <input type="checkbox"/> Initial staging of patients with biopsy proven bone or soft tissue sarcoma (excluding gastrointestinal and stroma tumour) considered by conventional staging to be potentially curable.  | Staging             |
|             | 61646    | <input type="checkbox"/> Evaluation of patients with suspected residual or recurrent sarcoma (excluding gastrointestinal and stroma tumour) after the initial course of definitive therapy to determine suitability for subsequent therapy with curative intent.  | Restaging           |
| BRAIN       | 61560    | <input type="checkbox"/> Performed for the diagnosis of Alzheimer's disease. <u>3 per lifetime</u> and no more than <u>1 every 12 months</u> .  | Diagnosis           |
| RARE        | 61612    | <input type="checkbox"/> Initial staging of cancer, for a patient who is considered suitable for active therapy, if: a) the cancer is a typically FDG-avid cancer; and (b) there is at least 10% likelihood that a PET study result will inform a significant change in management for the patient                                | Staging             |
|             | 61614    | <input type="checkbox"/> 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 a typically FDG-avid cancer   | Restaging           |
| PROSTATE    | 61563    | <input type="checkbox"/> Initial staging of intermediate to high-risk prostate adenocarcinoma, for a previously untreated patient who is considered suitable for locoregional therapy with curative intent. <u>Applicable once per lifetime</u>   | Staging             |
|             | 61564    | <input type="checkbox"/> 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. <u>Applicable twice per lifetime.</u> | Restaging           |
|             | 61528    | <input type="checkbox"/> 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.         | Post Lu-177 Therapy |