# PET / CT REFERRAL

Wide Bay Nuclear Medicine

## PATIENT DETAILS

Name* DOB*

Address*

Email*

Contact No.* ☐ Male

Medicare No. DVA No. ☐ Female

## MEDICARE ELIGIBLE EXAMINATIONS

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

CLINICAL NOTES*

## MEDICAL HISTORY & PRECAUTIONS

Weight (kg) Diabetic ☐ Y ☐ N Insulin ☐ Y ☐ N Claustrophobic ☐ Y ☐ N

Primary Site of Disease Date of Diagnosis

SURGERY / BIOPSY DATES

| | | | |
|---|---|---|---|
| Chemotherapy | ☐ Y ☐ N | Last Dose | Next Dose |
| Radiotherapy | ☐ Y ☐ N | Last Dose | Next Dose |
| Immunotherapy | ☐ Y ☐ N | Last Dose | Next Dose |
| Impaired Renal Function | ☐ Y ☐ N | eGFR | ml \| min Date |
| Previous PET Scan | ☐ Y ☐ N | Date | Location |
| Previous CT Scan | ☐ Y ☐ N | Date | Location |
| Scan is | ☐ URGENT | PET RESULTS REQUIRED BY | |

## REFERRER DETAILS

Name* Speciality*

Address* Provider Number*

Contact Number* Fax Number

Copy To

*Must be completed

Signature* Date*

*All reports and images are available electronically. Please tick below for your additional requests.* ☐ Referral Pads 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.*

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Wide Bay Nuclear Medicine

## MEDICARE ELIGIBLE INDICATIONS AND CRITERIA (PLEASE TICK)

| | MBS ITEM | | INDICATIONS | |
|---|---|---|---|---|
| **LUNGS** | 61523 | ☐ | Evaluation of solitary nodule where the lesion is considered unsuitable for biopsy, or for which biopsy has failed. | Diagnosis |
| | 61529 | ☐ | Staging of proven NSCLC, where curative surgery or R/T is planned. | Staging |
| **BREAST** | 61524 | ☐ | Staging of locally advanced (stage III) breast cancer for a patient who is considered suitable for active therapy. | Staging |
| | 61525 | ☐ | 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 | ☐ | Following initial therapy, for the evaluation of suspected residual, metastatic, or recurrent colorectal carcinoma in patients considered suitable for active therapy. | Restaging |
| | 61577 | ☐ | Staging of proven oesophageal or GEJ carcinoma, in patients who are considered suitable for active therapy. | Staging |
| **MELANOMA** | 61553 | ☐ | Following initial therapy, for the evaluation of suspected metastatic or recurrent malignant melanoma in patients considered suitable for active therapy. | Restaging |
| **GYNAE** | 61565 | ☐ | Following initial therapy, for the evaluation of suspected residual, metastatic, or recurrent ovarian carcinoma in patients considered suitable for active therapy | Restaging |
| | 61571 | ☐ | 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 | ☐ | 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 | ☐ | Staging of biopsy proved newly diagnosed or recurrent head and neck cancer. | Staging |
| | 61604 | ☐ | Evaluation of patients with suspected residual head and neck cancer after definitive treatment, and who are suitable for active therapy. | Restaging |
| | 61610 | ☐ | Evaluation of squamous cell carcinoma of unknown primary site involving cervical nodes. | Staging |
| **LYMPHOMA** | 61620 | ☐ | Initial staging of newly diagnosed or previously untreated Hodgkin or non-Hodgkin lymphoma. | Staging |
| | 61622 | ☐ | 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 | ☐ | Restaging following confirmation of recurrence of Hodgkin or non-Hodgkin lymphoma. | Restaging |
| | 61632 | ☐ | Assess response to second-line chemotherapy is haemopoietic stem cell transplantation is being considered for Hodgkin or non-Hodgkin lymphoma. | Post Therapy |
| **SARCOMA** | 61640 | ☐ | 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 | ☐ | 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 | ☐ | Performed for the diagnosis of Alzheimer's disease. 3 per lifetime and no more than 1 every 12 months. | Diagnosis |
| **RARE** | 61612 | ☐ | 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 | ☐ | 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 FGD-avid cancer | Restaging |
| **PROSTATE** | 61563 | ☐ | Initial staging of intermediate to high-risk prostate adenocarcinoma, for a previously untreated patient who is considered suitable for locoregional therapy with curative intent. Applicable once per lifetime | Staging |
| | 61564 | ☐ | 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. Applicable twice per lifetime. | Restaging |
| | 61528 | ☐ | 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 |