



APPOINTMENT Date Time

PET/CT PATIENT REQUEST

Director:

A/Prof
Louise Emmett

Consultants:

Dr Chan
Dr Ho
A/Prof Pocock
Dr Nguyen
Dr Lee
Dr Liu

| PATIENT DETAILS | |
|-----------------|------|
| Full Name: | DOB: |
| Address: | |
| Contact Number: | MRN: |

| Indication* - Please tick appropriate box <small>*See reverse for more detailed description of indications</small> | | |
|--|----------------------|--|
| MALIGNANT BRAIN TUMOUR | | HODGKIN'S (HL) or NON-HODGKIN'S LYMPHOMA (NHL) |
| HEAD & NECK CANCER | | Initial staging |
| Staging | | Initial staging of indolent NHL |
| Evaluation | | Restaging following recurrence confirmation |
| METASTATIC SCC in cervical nodes of unknown primary | | Assess response to second line chemotherapy |
| OESOPHAGEAL or GASTRO-OESOPHAGEAL JUNCTION | | Assess response of residual mass to first line therapy either during treatment or within 3 months completing definitive first line treatment |
| SOLITARY PULMONARY NODULE | | SARCOMA |
| NON-SMALL CELL LUNG CANCER | | Initial staging |
| COLORECTAL CARCINOMA | | Suspected residual or recurrent |
| OVARIAN CARCINOMA | | MALIGNANT MELANOMA |
| UTERINE CERVIX | BREAST CANCER | CARDIAC SARCOID (UNFUNDED) |
| Further primary staging | Staging | F18 BONE SCAN / OTHER: |
| Further staging for local recurrence | Evaluation | Unfunded (No Medicare Item Number) |

| CLINICAL HISTORY | | | |
|--|-----------|-----------------------------------|--------|
| Primary Site: | | Pre-PET Stage: T N M | |
| Suspected/known metastases: | Yes No | Date: | Where: |
| Histology/Biopsy: | Yes No | Date: | Where: |
| Prior Relative Imaging: | Yes No | Date: | Where: |
| Diabetic: | Yes No | Type: | |
| Last Radiation Therapy Treatment Date: | | Last Chemotherapy Treatment Date: | |
| <i>*Recent treatment may interfere with interpretation</i> | | | |
| Additional Clinical History: (e.g. recent infections, treatment or surgical findings) | | | |

| | | | | | |
|---|-------|------|-------|---------|--------|
| ADDITIONAL DIAGNOSTIC CT IF REQUIRED: Yes No eGFR: Creatinine: Date: Please fax kidney function blood tests | | | | | |
| Area: | Brain | Neck | Chest | Abdomen | Pelvis |

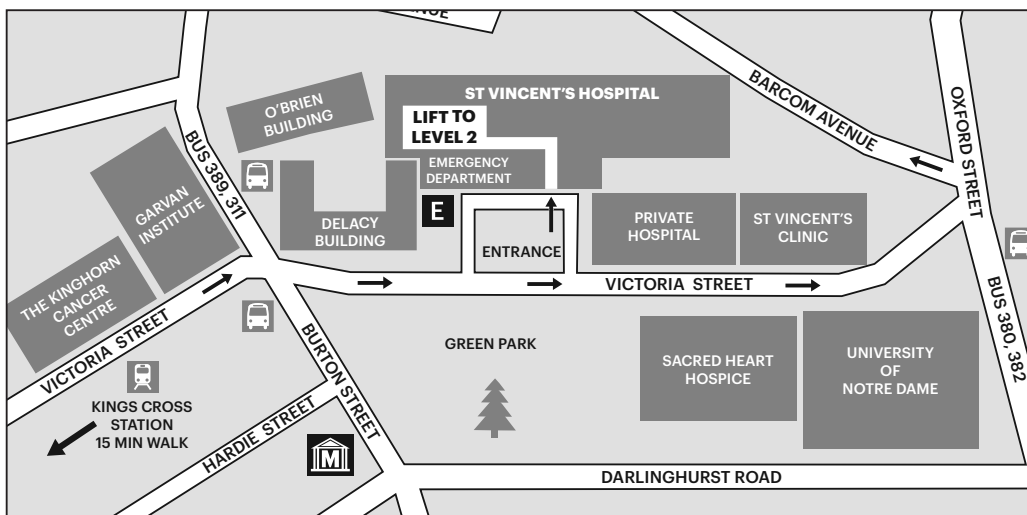
| REFERRING DOCTOR | |
|-------------------------------------|----------------------------------|
| Signature: | Date: |
| RESULTS: Routine Urgent | PROVIDE: Film CD/USB |

Below is a detailed list of the rebates available from Medicare. Please ensure that one box is ticked on the front page of the request form. If you have any questions regarding funding for a PET/CT scan, please call (02) 8382 1830.

| Indication |
|---|
| <p>MALIGNANT BRAIN TUMOUR Suspected residual or recurrent after definitive therapy to guide biopsy and to assist in treatment planning for further active therapy</p> |
| <p>HEAD & NECK CANCER - Staging of biopsy proven, newly diagnosed or recurrent - Suspected residual after definitive treatment and suitable for active therapy</p> |
| <p>METASTATIC SCC in cervical nodes of unknown primary</p> |
| <p>OESOPHAGEAL or GASTRO-OESOPHAGEAL JUNCTION CARCINOMA in patients suitable for active therapy</p> |
| <p>SOLITARY PULMONARY NODULE unsuitable for transthoracic biopsy or failed attempt at pathological characterisation</p> |
| <p>NON-SMALL CELL LUNG CANCER where curative surgery or radiotherapy is planned</p> |
| <p>COLORECTAL CARCINOMA suspected residual or recurrence in patients suitable for active therapy</p> |
| <p>OVARIAN CARCINOMA evaluation of suspected residual, metastatic or recurrent ovarian carcinoma in patients suitable for active therapy</p> |
| <p>UTERINE CERVIX - Further primary staging of proven carcinoma, at FIGO stage IB2 or greater, prior to radiation therapy or combined modality therapy - Further staging for local recurrence considered suitable for therapy with curative intent</p> |
| <p>HODGKIN'S (HL) or NON-HODGKIN'S LYMPHOMA (NHL) - Initial staging of newly diagnosed or previously untreated (excluding indolent NHL) - For initial staging of indolent NHL if findings indicate stage I or IIA and radiotherapy for curative intent is planned - Restaging following recurrence confirmation (excluding indolent NHL) - Assess response to second line chemotherapy when stem cell transplantation is considered (excluding indolent NHL) - Assess response of residual mass to first line therapy either during treatment or within 3 months completing definitive first line treatment (excluding indolent NHL)</p> |
| <p>SARCOMA - Initial staging of biopsy proven bone or soft tissue, considered potentially curable by conventional staging (excluding GIST) - Suspected residual or recurrent after initial course of definitive therapy or during chemotherapy (excluding GIST)</p> |
| <p>MALIGNANT MELANOMA suspected metastasis or recurrence in patients suitable for active therapy</p> |
| <p>BREAST CANCER - Whole body FDG PET study, performed for the staging of locally advanced (Stage III) breast cancer, for a patient who is considered suitable for active therapy - Whole body FDG PET study, performed for the evaluation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma, for a patient who is considered suitable for active therapy</p> |
| <p>Unfunded (No Medicare Item Number) Please confirm pricing at booking. All charges need to be payable on the day and patients must be made aware of the cost by their referring specialist.</p> |

CAR PARKING

Parking is available in the hospital parking station (fees apply), entry via Victoria Street. There is also limited metered parking in surrounding streets.



PUBLIC TRANSPORT

BUS

Routes 378 and 311 (from Railway Square) and 380 and 389 (from Circular Quay).

TRAIN

The closest train station is Kings Cross on the Eastern Suburbs Line, a 15 minute walk along Victoria Street.

VILLAGE TO VILLAGE, A FREE BUS SERVICE

This service enables all residents of the City of Sydney to access local amenities and stops directly outside St Vincent's Public Hospital on Thursdays and Fridays.

TAXI

Taxis regularly service St Vincent's Hospital.

Theranostics and Nuclear Medicine Department,
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