



PET PATIENT REQUEST
PLEASE FAX REQUEST TO (02) 9113 1044

Patient Details

Surname: _____ First Name: _____ DOB: _____
 Address: _____ Mobile Ph: _____ Home Ph: _____
 Email address: _____
 Diabetic (please circle) Yes / No NIDDM / IDDM Weight (kg) _____

Clinical Information

If Applicable (PSMA PET)

Primary Site: _____	PSA: _____ (ng/mL)
Histology/Biopsy: _____	Gleason Score: <input type="text"/> + <input type="text"/> = <input type="text"/>
Any other relevant details, please: _____	

Surgery Y / N	Radiotherapy Y / N	Chemotherapy Y / N
Date: _____	Completion Date: _____	Completion Date: _____
Type/site: _____	Site: _____	Site: _____

Please book for: Urgent 1 - 3 days 1 - 2 Weeks Book before: _____

PET studies must be specialist referred and fulfill the Medicare criteria to attract a rebate. For patients who do not qualify for a Medicare rebate an out-of-pocket expense will apply.

FDG PET

Characterisation of SOLITARY PULMONARY NODULES (61523): Where the lesion is considered unsuitable for transthoracic fine needle aspiration biopsy, or for which an attempt at pathological characterisation has failed	METASTATIC SCC involving cervical nodes (61610): From an unknown primary site
Staging of proven NON-SMALL CELL LUNG (61529): Where curative surgery or radiotherapy is planned	Initial staging of Hodgkin's or non-Hodgkin's LYMPHOMA newly diagnosed or previously untreated (61620): excluding indolent non-Hodgkin's lymphoma
Evaluation of suspected residual or recurrent MALIGNANT BRAIN TUMOUR (61538): based on anatomical imaging findings, after definitive therapy in patients suitable for further active therapy	Assessment of Hodgkin's or non-Hodgkin's LYMPHOMA (61622): (excluding indolent non-Hodgkin's lymphoma) Assess first line therapy response during treatment or within 3 months of completing definitive first line treatment
Suspected residual, metastatic or recurrent COLORECTAL CARCINOMA (61541): Following initial therapy in patients suitable for active therapy	Restaging recurrent Hodgkin's or non-Hodgkin's LYMPHOMA (61628): (excluding indolent non-Hodgkin's lymphoma)
Suspected metastatic or recurrent MALIGNANT MELANOMA (61553): Following initial therapy, in patients suitable for active therapy	Assess response to second line chemotherapy when stem cell transplantation is being considered for Hodgkin's or non-Hodgkin's LYMPHOMA (61632): (excluding indolent non-Hodgkin's lymphoma)
Suspected residual, metastatic or recurrent OVARIAN CARCINOMA (61565): Following initial therapy in patients suitable for active therapy	Initial staging of bone or soft tissue SARCOMA (61640): Biopsy proven and considered by conventional staging to be potentially curable. (excluding gastrointestinal stromal tumour)
Primary staging of proven UTERINE CERVICAL CARCINOMA (61571): For histologically proven carcinoma, at FIGO stage IB2 or greater, prior to planned radical radiation therapy or combined modality therapy	Suspected residual or recurrent SARCOMA (61646): After the initial course of definitive therapy to determine suitability for subsequent therapy with curative intent. (excluding gastrointestinal stromal tumour)
Further staging of recurrent UTERINE CERVICAL CARCINOMA (61575): Suitable for salvage pelvic chemo radiotherapy or pelvic exenteration with curative intent	Staging of locally advanced (Stage III) BREAST CANCER (61524): In patients considered potentially suitable for active therapy
Suspected residual or recurrent HEAD & NECK CANCER (61604): After definitive treatment and suitable for active therapy	Evaluation of suspected metastatic or suspected locally or regionally recurrent BREAST CARCINOMA (61525): in a patient considered suitable for active therapy.
Primary staging of CARCINOMA OF THE HEAD & NECK (61598)	UNFUNDED: The patient is aware that there will be a charge of \$600 to perform this study
Primary staging of CANCER of OESOPHAGUS or GASTRO-OESOPHAGEAL JUNCTION (61577): In patients considered suitable for active therapy	

GALLIUM - 68 DOTATATE PET

⁶⁸Ga DOTATATE PET study is Medicare eligible 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, otherwise
- c) This scan is not funded and the patient is aware that there will be a charge of \$600 to perform this scan

GALLIUM - 68 PSMA PET For evaluation of prostate cancer

This scan is not funded and the patient is aware that there will be a charge of \$600 to perform this scan

Requesting specialist

Name: _____	Signature: _____
Address: _____	Phone: _____ Fax: _____
Provider #: _____	Date: _____
Copy of report to - Name: _____	Address: _____

Patient Preparation

**** Please Note** - If booked for a Dotatate or PSMA PET fasting is not required. You will be advised if this is applicable when your scan is booked.

Food: You need to fast for six (6) hours prior to the test - no food of any kind, no sweets, no fluids other than plain water.

Drink: Keep hydrated - please drink 3-4 glasses of water prior to arriving for your test. Please do not drink anything other than water. You can go to the toilet as needed.

Medications: You may take your normal non-diabetic medications with water. Please take your pain medication as you normally would AND bring it with you.

Diabetic Patients (Not on Insulin):

- Fasting for 6 hours prior to the appointment. Avoid eating and drinking anything with a high sugar content for 24 hours prior.
- If the appointment is before 12pm, fast from midnight - no breakfast the morning of the appointment and continue taking medication as per normal if you can take these on an empty stomach.
- If the appointment is after 12pm, you may have breakfast and medications as per normal then fast for 6 hours prior to the appointment time.

Diabetic Patients (On Insulin):

- If the appointment is before 12pm, please have your normal breakfast and normal insulin (both short and long acting insulin) as per usual then fast for 4 hours prior to the appointment (this may mean waking up earlier to have breakfast e.g. if your appointment is at 10am fast from 6am).

Please review the patient information statement for complete patient preparation

How to find us

You can find us on the 1st floor of the Clinical Services Building

- **Gray St Entrance:** Take the lift to the 1st floor and follow the signs to Nuclear Medicine
- **Kensington St Entrance:** Enter through the glass doors and follow the ramp up to the 1st floor and head to the end of the corridor.

Parking: There is limited street parking which is maximum 2 hour parking.

If being dropped off, the Kensington entrance is the most convenient.

There is a council car park in Derby Street (under the Town Centre).

There are private parking stations at:

- Junction of Belgrave and South Street (multi-coloured parking station).
- Gray Street, adjacent to the main hospital entrance.

Please see the map below for more information

