St. George Hospital NUCLEAR MEDICINE

St. George Hospital
Dept of Nuclear Medicine
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Level 1, Clinical Services Building, Gray St. Kogarah

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PET PATIENT REQUEST

PLEASE FAX REQUEST TO (02) 9113 3991 OR email: nucmed.sgh@health.nsw.gov.au

Patient Details

Surname: _____ First Name: _____ DOB: _____

Email Address: _____ Mobile Ph: _____ Home Ph: _____

Address: _____

Diabetic *(please circle)* Yes No NIDDM IDDM Weight (kg) _____ Inpatien Yes No Ward _____

Clinical Information

If Applicable (PSMA PET)

PSA: (ng/mL)

Radical Prostectomy: ☐

Gleason Score: ☐ + ☐ = ☐

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

Please book for: Urgent ASAP ☐ 1 - 2 Weeks ☐ Book before:

For MBS item number descriptions please refer to the reverse side of this referral letter

MBS ELIGIBLE ITEMS - BULK BILLED IF COMPLIES WITH DESCRIPTOR *(TICK ONE BOX ONLY)*

(^{18}F-FDG)	STAGING *of patients suitable for active therapy*	RESTAGING *of suspected residual, metastatic or recurrent disease*
BREAST	☐ *Stage 3* (61524)	☐ (61525)
CERVIX	☐ *≥FIGO IB2* (61571)	☐ (61575)
COLORECTAL	☐ (56801)	☐ (61541)
HEAD & NECK	☐ (61598)	☐ (61604)
LUNG *(NSCLC)*	☐ (61529)	☐ (56801)
LUNG *(SPN)*	☐ *FNAB non-diagnostic or contraindicated* (61523)	
LYMPHOMA	☐ (61620)	☐ (61622) *(response)* ☐ (61628) *(recurrence)* ☐ (61632) *(pre Stem cell Tx)*
MELANOMA	☐ (56801)	☐ (61553)
OESOPHAGUS/COJ	☐ (61577)	☐ (61614)
OVARY	☐ (61612) *(LIMIT:ONE)*	☐ (61565)
RARE/OTHER CANCERS*	☐ (61612)	☐ (61614)
SARCOMA *(excl GIST)*	☐ (61640)	☐ (61646)
SCC-UNKNOWN I°	☐ (61610)	☐ (61614)
GALLIUM SUBSTITUTE	☐ (61527)	
MULTIPLE MYELOMA	☐ (61612)	☐ (61614)

OTHER	STAGING	RESTAGING
PSMA *(prostate)*	☐ Intermediate to high risk adeno CaP. Previously untreated. Suitable for locoregional therapy. Limit ONCE per lifetime (61563)	☐ If prior locoregional therapy *AND* PSA increase 2ng/ml above nadir post RT *OR* failure of PSA to be undetectable post RP *OR* rising PSA post RP. Limit TWICE per lifetime (61564) Thereafter 56801
^{68}Ga DOTATATE *(neuroendocrine)*	☐ GEP-NET *where conventional imaging negative / equivocal OR shows surgically amenable disease* (61647)	

Neurological: ^{18}FDG

DEMENTIA	☐ *Equivocal clinical assessment. N.B. limited to 1/year, 3 per life, not if Ceretec in last 12 mo.* (61560)
MALIGNANT BRAIN TUMOR	☐ (61538)

OTHER INDICATIONS

☐ *Indication* _____

☐ *56801 (CT with ^{68}Ga DOTATATE)*

☐ *56801 (CT with ^{18}F-FDG)*

Requesting specialist

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

MEDICARE ITEM NUMBER DESCRIPTIONS

(61523) Characterisation of SOLITARY PULMONARY NODULES: Where the lesion is considered unsuitable for transthoracic fine needle aspiration biopsy, or for which an attempt at pathological characterisation has failed.	**(61620) Initial staging of Hodgkin's or non-Hodgkin's LYMPHOMA newly diagnosed or previously untreated:** excluding indolent non-Hodgkin's lymphoma.
(61529) Staging of proven NON-SMALL CELL LUNG: Where curative surgery or radiotherapy is planned.	**(61622) Assessment of Hodgkin's or non-Hodgkin's LYMPHOMA:** (excluding indolent non-Hodgkin's lymphoma) Assess first line therapy response during treatment or within 3 months of completing definitive first line treatment.
(61538) Evaluation of suspected residual or recurrent MALIGNANT BRAIN TUMOUR: based on anatomical imaging findings, after definitive therapy in patients suitable for further active therapy.	**(61628) Restaging recurrent Hodgkin's or non-Hodgkin's LYMPHOMA:** (excluding indolent non-Hodgkin's lymphoma).
(61541) Suspected residual, metastatic or recurrent COLORECTAL CARCINOMA: Following initial therapy in patients suitable for active therapy.	**(61632) Assess response to second line chemotherapy when stem cell transplantation is being considered for Hodgkin's or non-Hodgkin's LYMPHOMA:** (excluding indolent non-Hodgkin's lymphoma).
(61553) Suspected metastatic or recurrent MALIGNANT MELANOMA: Following initial therapy in patients suitable for active therapy.	**(61640) Initial staging of bone or soft tissue SARCOMA:** Biopsy proven and considered by conventional staging to be potentially curable. (excluding gastrointestinal stromal tumour).
(61565) Suspected residual, metastatic or recurrent OVARIAN CARCINOMA: Following initial therapy in patients suitable for active therapy.	**(61646) Suspected residual or recurrent SARCOMA:** After the initial course of definitive therapy to determine suitability for subsequent therapy with curative intent. (excluding gastrointestinal stromal tumour).
(61571) Primary staging of proven UTERINE CERVICAL CARCINOMA: For histologically proven carcinoma, at FIGO stage IB2 or greater, prior to planned radical radiation therapy or combined modality therapy.	**(61524) Staging of locally advanced (Stage III) BREAST CANCER:** In patients considered potentially suitable for active therapy.
(61575) Further staging of recurrent UTERINE CERVICAL CARCINOMA: Suitable for salvage pelvic chemo radiotherapy or pelvic exenteration with curative intent.	**(61525) Evaluation of suspected metastatic or suspected locally or regionaly recurrent BREAST CARCINOMA:** in a patient considered suitable for active therapy.
(61604) Suspected residual or recurrent HEAD & NECK CANCER: After definitive treatment and suitable for active therapy.	**(61560) Evaluation of suspected ALZHEIMER'S DISEASE:** In patients with an equivocal clinical evaluation by a specialist, or in consultation with a specialist.
(61598) Primary staging of CARCINOMA OF THE HEAD & NECK.	**(61563) Initial staging of intermediate to high-risk PROSTATE ADENOCARCINOMA:** for a previously untreated patient who is considered for locoregional therapy with curative intent.
(61577) Primary staging of CANCER of OESOPHAGUS or GASTRO-OESOPHAGEAL JUNCTION: In patients considered suitable for active therapy.	**(61564) Re-staging of recurrent PROSTATE ADENOCARCINOMA:** for a patient that has undergone prior locoregional therapy and is considered suitable for further locoregional therapy.
(61612) Initial staging of ELIGIBLE CANCER TYPES: In patients considered suitable for active therapy.	**(61647) Evaluation of a GEP NEUROENDOCRINE TUMOUR:** for a patient with suspected disease on the basis of biochemical evidence with negative or equivocal conventional imaging; or is surgically amenable and has been identified on the basis of conventional techniques and the study is to exclude additional disease.
(61614) Evaluation of suspected residual, metastatic or recurrent cancer: In patients considered suitable for active therapy if the cancer is a rare and typically FDG-avid cancer.	
(61610) METASTATIC SCC involving cervical nodes: From an unknown primary site.	**(61527) GALLIUM SUBSTITUTE FDG:** PET scan in replacement of Gallium-67 studies due to radiopharmaceutical supply disruptions.
(56801) Computed tomography: scan of chest, abdomen and pelvis without intravenous contrast.	

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.

For patients taking long or short acting Sandostatin please follow the advice from booking staff.

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):

- Please follow the directions given to you by booking staff when arranging the appointment.

How to find us

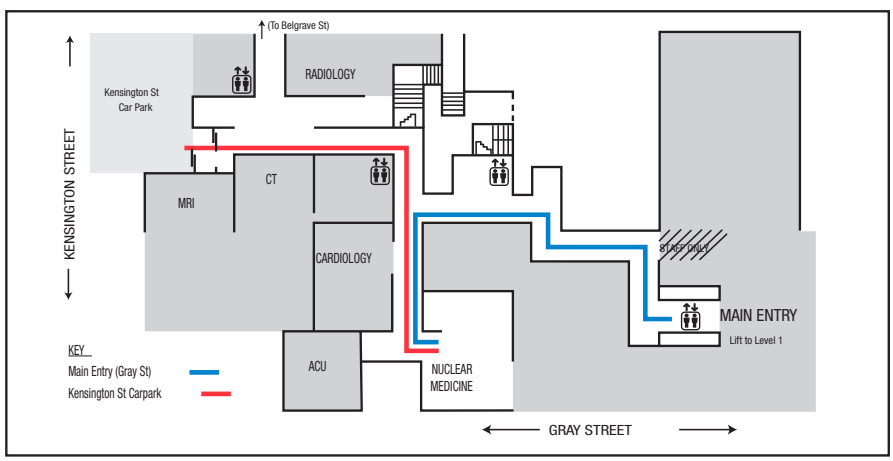
You can find us on the 1st floor of the Clinical Services Building

- **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 for more information