



PET/CT Patient request form	Failure to complete correctly will result in delay Send completed form with relevant previous imaging to: CUH PET/CT Centre, Wilton, Cork Tel: (021) 4922346 Fax: (021) 4234525
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Patient details please print

Patient ID/MRN

Surname

First Name

Date of Birth Sex

Address

Patient Contact No

Patient Category please tick

Inpatient Outpatient

CUH Public

External Hospital *Please name* _____

Private *Health Insurance* _____

Pre Authorisation or PO No

Mobility please tick

Walk Chair Bed Hospital Transport
Must be organised by referrer

Special Needs please specify

Patient's GP

Name _____

Address _____

Contact No. _____

Clinical Information

Clinical questions and relevant information

Date of next appointment with referrer

Date of MDT Discussion

Radiologist with whom discussed

Previous Imaging	Where	Date

Chemotherapy	Cycle length
Last treatment date	Next treatment date

Radiotherapy	Cycle length
Last treatment date	Next treatment date

Medical status

Infection Risk	Pregnant	Y/N
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Allergies	Breast Feeding	Y/N
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LMP Date	Diabetic	Y/N
	<i>If yes – Diet/Insulin/Tablet</i>	

Referrer details (person completing the form)

Referrer Name

Job Title & IMC

Hospital/Address

Bleep/Mobile Number

Signature Date

How will PET influence patient management?

Report to be sent to:

Name	Job Title
Hospital	Fax No

If there is any additional clinical urgency to the PET appointment please phone to discuss.

Office Use Only:

Auth Signature Rec'd date

PET/CT

Main Indications for PET scanning

Lung

Characterisation of an indeterminate solitary pulmonary nodule (SPN) >1cm and <4cms

Staging of non-small cell lung cancer (except Stage IV, M1A with pleural or pericardial effusion)

Staging of small cell lung cancer

Colorectal and Anal Carcinoma

Staging of invasive non-metastatic colorectal cancer when abnormalities (≥ 1 cm) are identified on CT or MRI that are considered to be suspicious but inconclusive for metastases, provided further delineation will change management.

Preoperative staging of metastatic colorectal cancer only if prior anatomic imaging (CT or MRI) indicates the presence of potentially surgically curable metastatic disease.

Re-staging of colorectal cancer in the scenario of an elevated CEA with negative CT scan

Lymphoma

Staging of Hodgkin's or non-Hodgkin's lymphoma

Re-staging of Hodgkin's and non-Hodgkin's lymphoma

Melanoma

Staging of patients with stage IV malignant melanoma

Re-staging of patients with local recurrence of melanoma

Head and Neck (excluding CNS and Thyroid)

Staging and re-staging of oesophageal cancer.

Staging of stage III and IV head and neck cancers.

Re-staging of head and neck cancer post completion of chemotherapy and/or radiotherapy.

Breast cancer

Re-staging of recurrent breast cancer (either known or strongly suspected) when other imaging studies (bone scan and CT or MRI scans) are equivocal and biopsy of the equivocal or suspicious site is not feasible.

Monitoring response to treatment for metastatic breast cancer only when other imaging studies (bone scan and CT or MRI) are shown to be equivocal.

Cervix cancer

Detection of pre-treatment metastases (staging) in newly diagnosed cervical cancer or re-staging of previously treated cervical cancer.

Ovarian cancer

Re-staging of ovarian cancer

Multiple Myeloma

Staging and re-staging of multiple myeloma

Gastric cancer

Staging and re-staging of gastric cancer.

Thyroid Carcinoma

Staging of anaplastic thyroid cancer.

Re-staging of papillary or Hurthle cell carcinoma previously treated by thyroidectomy and radio-iodine ablation with an elevated serum Tg > 10ng/ml and stimulated Tg > 2-5 ng/ml and negative I-131 imaging.
Re-staging of medullary carcinoma of thyroid when serum calcitonin levels are >500 pg/ml.

Endometrial carcinoma

Evaluation of suspected nodal metastatic disease where conventional imaging is negative or equivocal and findings would alter management

Gastric carcinoma

Staging and re-staging of gastric cancer.

Testes cancer

Re-staging of men with seminoma post chemotherapy with a residual mass >3cm and normal markers.

Sarcoma

Staging and Restaging of Osteosarcoma, Ewings Sarcoma family of tumours and soft tissue sarcomas.

Other

Staging of T4 and/or N2 disease only when standard imaging studies (bone scan and CT scans) are equivocal or suspicious.

Occult primary – staging in carcinomas of unknown primary site in tumours of indeterminate histology where the primary site cannot be identified by endoscopy or other imaging (CT, MRI) and where loco-regional therapy for a single site of disease is being considered.

Staging of neuro-endocrine tumours of unknown primary site.

Staging of pancreatic cancer

Staging of hepatobiliary cancer other than hepatocellular cancer

Staging of thymomas and thymic cancer

There are clinical situations where PET/CT may have an impact on patient management but which do not meet the guidelines specified above. In these situations, the case should be discussed with an expert in PET/CT prior to any decision to proceed with the study.