

PET Centre
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Referral forms may be
 downloaded from:
[www.westernprivatehospital.com.au/
 clinical-services/pet-centre](http://www.westernprivatehospital.com.au/clinical-services/pet-centre)

PET/CT IMAGING REQUEST FORM – ONCOLOGY / INFECTION

Please complete both sides & ensure form is signed by the referring Consultant or MO on their behalf

Date results required by: or circle below				Patient Identification Details or Label (Three or more patient identifiers)	
< 3 days	1 week	2-3 weeks months		
Reason for URGENT scan:				WPH UR Number	
Inpatient				Surname	
Diabetes				First Name	
Claustrophobic				Date of Birth Male / Female	
Interpreter required				Address	
Radiotherapy Planning PET				Email:	
Clinical Trial				Home/Work Phone:	
Clinic Trial Contact:				Mobile Phone: (Preferred)	
Tracer (please circle)		¹⁸F-FDG		¹⁸F-PSMA (prostate/RCC)	
				⁶⁸Ga DOTATATE (neuroendocrine)	

PET/CT Clinical Indication	
Primary site of Disease:	Histology / Pathology:
Key Clinical Question:	
Relevant History and Findings:	

Recent Surgery (please state)						
Recent/Ongoing Chemotherapy Radiotherapy	Type	Cycle Length	Date of Last Treatment	Date of Next Treatment		
Additional to the PET/CT, a full diagnostic CT with Oral and or IV contrast is required		Yes	No	RECENT CORRELATIVE IMAGING		
				CT	Date	Where
Exam region for Diagnostic CT				MRI	Date	Where
eGFR:	Creat	Date	Other	Date	Where	

Referring Specialist Details *Medicare requires that to be reimbursable, PET/CT scan must be specialist referred					
Specialist Name			Email		
Provider Number			Address		
Healthlink ID			Phone	Fax	
Your Name			Specialist / MO Signature		Date

Copies of report to					
At					

Patient Name

Medicare Funded Clinical Indications Scan will be bulk-billed if referred by a Specialist

Brain

Evaluation of suspected residual/recurrent malignant brain tumour on imaging after definitive therapy [61538]

Head & Neck

Staging of biopsy-proven newly diagnosed or recurrent head and neck cancer [61598]

Evaluation of patients with suspected residual head and neck cancer after definitive treatment [61604]

Metastatic SCC unknown primary

Evaluation of metastatic squamous cell carcinoma of unknown primary site **involving cervical nodes** [61610]

Breast

Staging of locally advanced (Stage III) breast cancer [61524]

Evaluation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma [61525]

Lung

Evaluation of a solitary pulmonary nodule (unsuitable for biopsy / failed pathological characterisation) [61523]

Staging of proven non-small cell lung cancer, where curative surgery or radiotherapy is planned [61529]

Lymphoma

Initial staging of newly diagnosed or previously untreated Hodgkin or non-Hodgkin lymphoma [61620]

Response assessment to first line therapy either during Rx or within three months of completing Rx [61622]

Response assessment to second-line chemotherapy if haemopoietic stem cell Tx is being considered [61632]

Restaging following confirmation of recurrence of Hodgkin or non-Hodgkin lymphoma [61628]

Melanoma

Evaluation of suspected metastatic or recurrent malignant melanoma suitable for active therapy [61553]

Oesophageal

Staging of proven oesophageal or gastro-oesophageal junction carcinoma in patients for active therapy [61577]

Neuroendocrine

68Ga DOTA peptide study if a gastro entero pancreatic neuroendocrine tumour is suspected on basis of biochemical evidence with negative or equivocal conventional imaging OR both a surgically amenable GEP NET has been identified and the study is for excluding additional disease sites [61647]

Colorectal

Evaluation of suspected residual, metastatic or recurrent colorectal carcinoma following initial therapy [61541]

Gynaecological

Staging of patients with histologically proven carcinoma of the uterine cervix (FIGO ≥ IB2) prior to Rx [61571]

Confirmed recurrence of carcinoma of uterine cervix considered suitable for salvage pelvic chemo/RT or surgery [61575]

Evaluation of suspected residual, metastatic or recurrent ovarian carcinoma [61565]

Prostate

PSMA study performed for initial staging of intermediate to high-risk prostate adenocarcinoma for previously untreated patient [61563] *Medicare will pay for a maximum of one service per lifetime*

PSMA study for restaging of recurrent prostate adenocarcinoma for a patient who has undergone prior locoregional therapy – Either patients with a PSA increase of 2ng/mL above the nadir after RT; or failure of PSA levels to fall to undetectable levels or rising PSA serum after a radical prostatectomy [61564] *Medicare benefit payable for maximum of two services per lifetime*

Sarcoma

Initial staging of patients with biopsy-proven bone or soft tissue sarcoma (excluding GIST) [61640]

Evaluation of patients with suspected residual or recurrent sarcoma (excluding GIST) after initial Rx [61646]

NON MBS PET Any other indications not meeting above MBS criteria will incur payment. Pension and concession card holder rates will apply.

Clinical Indication

The cost of the scan will be met by	Veteran's Affairs	<input type="checkbox"/>	Referring hospital	<input type="checkbox"/>	Patient	<input type="checkbox"/>
	Trial	<input type="checkbox"/>	SOC	<input type="checkbox"/>	ASOC	<input type="checkbox"/>

OFFICE USE ONLY

EXAM CODE			CHECKED BY NMP			DATE		
SCAN LENGTH	BRAIN only	Vertex	Base of Brain	Neck	Mid-thigh	Distal Primary	Arms	U D
INTERVENTION			DIABETES			Gating Liver Segment:	Scanning direction	H → F
Neg Oral contrast	Propranolol	Metformin	Y / N					F → H
Saline +/- Lasix	Buscopan	Stop date:						