

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				<b>Patient Identification Details or Label</b> (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)		<b><sup>18</sup>F-FDG</b>		<b><sup>18</sup>F-PSMA</b> (prostate/RCC)	
				<b><sup>68</sup>Ga DOTATATE</b> (neuroendocrine)	

<b>PET/CT Clinical Indication</b>	
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	
<b>Additional to the PET/CT, a full diagnostic CT is requested</b>	<input type="radio"/> Yes	<input type="radio"/> with IV contrast	<b>RECENT CORRELATIVE IMAGING</b>		
			CT	Date .....	Where
			MRI	Date .....	Where
Exam region for Diagnostic CT			Other	Date .....	Where
eGFR:	Creat	Date .....			

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

Copies of report to					
At					

## 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  $\geq$  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\*

### Rare/Uncommon Cancers

FDG PET for initial staging of eligible cancer types –  
a) i. rare or uncommon cancer (less than 12 cases per 100,000 per year) and ii. a typically FDG-avid cancer, and  
b) at least 10% likelihood the PET study result will inform significant change in patient management [61612] \*Applicable once per cancer diagnosis\*

### 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"/>	Unit Contact

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