

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)	
<input type="radio"/> < 3 days	<input type="radio"/> 1 week	<input type="radio"/> 2-3 weeks	<input type="radio"/> months		
Reason for URGENT scan:				WPH UR Number	
Inpatient				Surname	
Diabetes				First Name	
Claustrophobic				Date of Birth Sex at Birth: Male / Female	
Interpreter required				Address	
Radiotherapy Planning PET				
Clinical Trial				Email:	
Clinic Trial Contact:				Home/Work Phone:	
				Mobile Phone: (Preferred)	
Tracer (please circle)		<input type="radio"/> ¹⁸ F-FDG		<input type="radio"/> ¹⁸ F-PSMA (prostate/RCC)	
				<input type="radio"/> ⁶⁸ Ga DOTATATE (neuroendocrine)	

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

Recent Surgery/Biopsy (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 is requested	<input type="radio"/> Yes	<input type="radio"/> with IV contrast	RECENT CORRELATIVE IMAGING	
			CT	Date Where
			MRI	Date Where
			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*

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*
- FDG PET for evaluation of suspected residual, metastatic or recurrent cancer in a patient who is undergoing/suitable for active therapy with a rare or uncommon cancer. [61614]

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"/>

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:					