



# PET-CT REQUEST FORM

The Western Australian PET Service, Sir Charles Gairdner Hospital  
 Level 1, G Block, Hospital Ave, Nedlands, WA 6009  
 Tel: 6457 2322, Fax: 6457 3610

## Patient Information (All Parts Compulsory)

UMRN:  
 Surname:  
 First Name:  
 D.O.B.: Gender:  
 Address: Contact details (mobile required):

## Study requested

F<sup>18</sup>-FDG  Ga<sup>68</sup>-PSMA  Ga<sup>68</sup>-Octreotate   
 Other (please call to discuss)

**When:** Urgent  Scheduled (specify date):  
 Semi-urgent   
 Routine

## Relevant Clinical Information

Date of original diagnosis:  
 Surgery date:  
 Radiotherapy date: Ongoing   
 Chemotherapy date: Ongoing   
 Targeted therapy date: Ongoing

**Correlative imaging:** Provider:  
 PET date:  
 CT, MRI date:

## Referring Specialist

Name:  
 Provider No:  
 Address:  
 Contact details:  
 Fax (please provide for receiving report):  
 Signature (**Consultant Only**):  
 Date:

Outpatient   
 Inpatient   
 Location: \_\_\_\_\_  
 Diabetic: IDDM   
 NIDDM   
 Claustrophobic   
 General Anaesthetic   
 (please call to discuss)  
 Interpretive Services Required   
 Language: \_\_\_\_\_

**MBS PET indications:**  
 Melanoma (recurrence)   
 Lymphoma (staging)   
 Lymphoma (therapy response)   
 Lymphoma (recurrence)   
 Lymphoma (post second line chemo)   
 Low grade lymphoma (staging)   
 Solitary pulmonary nodule   
 NSCLC (staging)   
 Colorectal Ca (recurrence)   
 Oesophageal or GOJ Ca (staging)   
 Uterine Cervix (staging)   
 Uterine Cervix (recurrence)   
 Ovarian Ca (recurrence)   
 Bone/ soft tissue Sarcoma   
 Head and neck Ca   
 Metastatic SCC of unknown primary involving cervical nodes   
 Brain tumour (recurrence)   
 Refractory Epilepsy   
*Patients who have non-MBS indications can still be imaged based on clinical need*

Office use only (Dr to protocol)