



Peter Mac

Peter MacCallum Cancer Centre
Victoria Australia

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Cancer Imaging, Level 5, 305 Grattan Street MELBOURNE 3000
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PET/CT Imaging Request

Surname/First Name:.....
Male Female UR:.....
DOB:.....
Address:.....
.....
Phone:.....Mob:.....
Patient Email:.....

Consultant's Name:..... Consultant's Provider Number:.....
Address:..... Phone:Fax:.....
..... Email*:
Your Name:
Signature:.....Date:...../...../.....
Copies of Report to: Doctor.....Location.....
DoctorLocation.....

**Please email CIBookings@petermac.org to register your email address to receive electronic reports direct to your email.*

Patient Location: Inpatient Ward:..... **Alerts:** Allergies:
Hospital: Claustrophobic: No Yes
Clinical Trial: HREC:..... Interpreter: Language:.....
Research Nurse:Pager:..... Diabetic: No Yes Medication:.....
Billing: SOC (medicare) Non SOC (bill trial)

Priority/Timeframe: Date results required by:/...../..... **Recent Correlative Imaging:**
 3 Days 1 Week 2-3 WeeksMonths CT: Date:..... Where:.....
Reason for Urgent Scan:..... MRI: Date:..... Where:.....
..... Other: Date:.....Where:.....

PET/CT Clinical Indication

Primary Site of Disease:..... **Histology / Pathology:**.....

Clinical Details:.....
.....
.....

- Diagnosis
- Staging – Clinical Stage T..... N..... M.....
- Therapeutic Monitoring – During Treatment Post-treatment
- Restaging – Clinical Assessment – NAD Local Regional Distant

For Radiation Oncologist use only:
A Radiotherapy Planning PET is required
An eRFT has been submitted

Tracer
<input type="checkbox"/> FDG
<input type="checkbox"/> GATATE
<input type="checkbox"/> PSMA/PSR
<input type="checkbox"/> OTHER
.....
Patient weight
.....kg

<input type="checkbox"/> Surgery <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiotherapy	Type:	Cycle Length:	Date of last Treatment:	Date of Next Treatment:
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Request for a Diagnostic CT Scan (in addition to a PET/CT scan): If indicated by PET/CT finding:

What is the primary reason for the Diagnostic CT scan?.....

Examination / Body regions required:.....



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PET/CT Imaging Request

PET/CT Medicare Eligible Clinical Indications

Medicare rebates are available to private patients referred by a specialist. If the clinical indication meets the published MBS criteria precised below and the requisite information on this form is fully completed.

¹⁸F-FDG Indications

Diagnosis/Staging

- Solitary pulmonary nodule (unsuitable/failed biopsy)
- Staging of newly diagnosed **Non-small Cell Lung cancer** being considered for curative treatment
- Staging of newly diagnosed **Head & Neck cancer**
- Staging of **Oesophageal or GOJ cancer** being considered for active therapy
- Staging of **Cervical cancer** (>FIGO 1B2) prior to RT or combined therapy
- Staging of newly diagnosed **Lymphoma**
- Staging of potentially curable **Sarcoma (except GIST)**
- Unknown Primary site** with cervical nodes
- Refractory **Epilepsy** being considered for surgery

Restaging/Surveillance

- Suspected residual or recurrent malignant **Brain Tumour** on CT/MRI after definitive therapy
- Suspected residual or recurrent **Head & Neck cancer** suitable for active therapy
- Suspected residual, metastatic or recurrent **Colorectal Carcinoma** suitable for active therapy
- Cervical cancer** with confirmed recurrence suitable for radical treatment
- Suspected residual, metastatic or recurrent **Ovarian cancer**
- Response assessment to treatment of **Lymphoma**
- Recurrence of **Lymphoma**
- Suspected recurrent or **Metastatic Melanoma** suitable for active therapy
- Suspected residual or recurrent **Sarcoma (except GIST)** following definitive therapy

⁶⁸Ga-Octreotate (Gatate) Indications

- Staging of suspected **GEP Neuroendocrine tumour**
- Assessment of resectability of metastatic **GEP Neuroendocrine tumour**

PET/CT Medicare In-Eligible Clinical Indicators

Non Funded indications may attract an out of Pocket Charge. Please contact the department with any questions.

- Other clinical indication: (please specify)

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If the patient is NOT actively managed by Peter MacCallum Cancer Centre, the cost of the scan will be met by:

- Referring Hospital.....Unit:.....Contact:.....
- Veteran's Affairs Card number:.....
- Patient

Office use only:

Outpatient Bulk Billing Option:

I elect to be bulk billed for this episode of Care: Patient Signature:.....Date:.....