I-MED Radiology Network

Comprehensive care. Uncompromising quality.

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Buderim Private Hospital
T 07 5373 2900 F 07 5373 2999

Caboolture Medical Hub
T 07 5431 4300 F 07 5431 4398

Friendly Society Private Hospital – Bundaberg
T 07 4131 2800 F 07 4153 4609

Ipswich – Multiplex
T 07 3432 7300 F 07 3432 7321

Rockhampton Mater Hospital
T 07 4931 0400 F 07 4931 0444

St Stephen's Private Hospital, Hervey Bay – Urraween
T 07 4124 3133 F 07 4124 3040

The Wesley Hospital – Auchenflower
T 07 3371 9588 F 07 3871 1249

PET/CT Imaging Request

Patient Identification

Or ID Sticker

Surname: .....

First name: .....

Date of Birth: ... / ... / ...

Address: .....

.....

Phone No: .....

PET scan results required by: ... / ... / ...

Patient Information

- Patient status at present ◉ OP **or** ○ IP

If IP, where? .....

.....

- Diabetic ◉ No ○ IDDM ○ NIDDM
- Is patient claustrophobic? ○ Yes **or** ◉ No

EXAMINATION

○ **PET with Non-Diagnostic CT** (attenuation correction)

○ **PET with localised diagnostic CT** (please tick region/s)

☐ Head ☐ Neck ☐ Chest ☐ Abdo
☐ Pelvis ☐ Extremity

○ **PET with Whole Body Diagnostic CT** (Head, Neck, Chest, Abdo, Pelvis)

○ **Other** (please specify modality and region e.g Ultrasound pelvis) .....

PET

○ **FDG** ○ **FDOPA** ○ **Amyloid** ○ **FET**
○ **Choline** ○ **PSMA** ○ **DOTA** ○ **NaF**
○ **Other** .....

Clinical Indication

◉ Staging ○ Restaging ○ Other

Site of disease ..... Histopath .....

Clinical details .....

.....

.....

.....

.....

.....

Recent Comparison Imaging (Please attach results)

☐ CT Date/where: .....

☐ MRI Date/where .....

Please ensure patient brings films with them for their appointment.

Recent biopsy/scope (Please attach results)

☐ Biopsy Date/where: .....

☐ Scope Date/where: .....

Patient should sign in I-MED clinic when they attend the appointment

Are you the Assignor: ○ Yes ○ No

I assign my right to benefits to the diagnostic imaging provider who will render the requested diagnostic imaging service/s and any eligible determinable service/s.

Signature: ..... Date ... / ... / ...

Referring Consultant/Specialist

(Must be Specialist Referred for MC Rebate)

Doctor's name: .....

Provider No: .....

Phone contact: .....

Signature: ..... Date ... / ... / ...

Address for Films & Report: .....

.....

Fax (if required): .....

Your doctor has recommended that you use I-MED Radiology. You may choose another provider but please discuss this with your doctor first.

All avid FDG cancers

- **61612** Whole body FDG PET study for the initial staging of cancer, for a patient who is considered suitable for active therapy, if:
  (a) the cancer is a typically FDG-avid cancer; and
  (b) there is at least 10% likelihood that a PET study result will inform a significant change in management for the patient. Applicable once per cancer diagnosis.
- **61614** Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent cancer in a patient who is undergoing, or is suitable for active therapy if the cancer is typically FGD-avid cancer (R).

Whole body

- **61530** Whole body 68Ga-DOTA-somatostatin receptor agonist PET study for:
  (a) staging of histologically confirmed neuroendocrine neoplasm (NEN) considered surgically incurable on conventional imaging,
  (b) evaluation of somatostatin receptor expression of histologically confirmed and inoperable NEN, either locally advanced or metastatic, under consideration for peptide receptor radionuclide therapy (PRRT),
  (c) evaluation of response to PRRT therapy, or d) evaluation of suspected recurrent or metastatic disease in known somatostatin receptor positive NEN.
- **61528** Whole body PSMA PET study, performed for the assessment of suitability for Lutetium 177 PSMA therapy in a patient with metastatic castrate resistant prostate cancer, after progressive disease has developed while undergoing prior treatment with at least one taxane chemotherapy and at least one androgen receptor signalling inhibitor.

PSMA Prostate Ca

- **61563** Whole body PSMA PET study performed for the initial staging of intermediate to high-risk prostate adenocarcinoma, for a previously untreated patient who is considered suitable for locoregional therapy with curative intent.
- **61564** Whole body PSMA PET study performed for the restaging of recurrent prostate adenocarcinoma, for a patient who has undergone prior loco regional therapy and is considered suitable for further locoregional therapy to determine appropriate therapeutic pathways and timing of treatment initiation.
  Patients with a PSA increase of 2ng/ml above the nadir after radiation therapy; or failure of PSA levels to fall to undetectable levels; or rising PSA serum after a radical prostatectomy.

Alzheimer's Disease

- **61560** Performed for diagnosis if clinical evaluation of the patient by a specialist, or in consultation with a specialist, is equivocal, and the patient has not had this service performed for diagnosis or management in the previous 12months. Applicable not more than 3 times per lifetime.

Breast

- **61524** Whole body 18F-FDG PET study performed for the staging of locally advanced (Stage III) breast cancer in a patient considered potentially suitable for active therapy.
- **61525** Whole body 18F-FDG PET study performed for the evaluation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma in a patient considered suitable for active therapy.

Lymphoma

- **61620** Initial staging of newly diagnosed or previously untreated Hodgkin's or non-Hodgkin's lymphoma.
- **61622** Assess response to first line therapy either during treatment or within three months of completing definitive first line treatment for Hodgkin's or non-Hodgkin's lymphoma.
- **61628** Restaging following confirmation of recurrence of Hodgkin's or non-Hodgkin's lymphoma.
- **61632** Assess response to second-line chemotherapy when stem cell transplantation is being considered, for Hodgkin's or non-Hodgkin's lymphoma.

Brain

- **61538** Evaluation of suspected residual or recurrent malignant brain tumour based on anatomical imaging findings, after definitive therapy (or during ongoing chemotherapy) in patients who are considered suitable for further active therapy.
- **61559** Study of the brain, performed for the evaluation of refractory epilepsy which is being evaluated for surgery.

Head and neck

- **61598** Staging of biopsy-proven newly diagnosed or recurrent head and neck cancer.
- **61604** Evaluation of patients with suspected residual head and neck cancer after definitive treatment, and who are suitable for active therapy.

Metastatic SCC unknown primary

- **61610** Evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes.

Lung

- **61523** Evaluation of a solitary pulmonary nodule where the lesion is considered unsuitable for transthoracic fine needle aspiration biopsy, or for which an attempt at pathological characterisation has failed.
- **61529** Staging of proven non-small cell lung cancer, where curative surgery or radiotherapy is planned.

Upper GIT

- **61577** Staging of proven oesophageal or GEJ carcinoma, in patients considered suitable for active therapy.

Lower GIT

- **61541** Evaluation (following initial therapy) of suspected residual, metastatic or recurrent colorectal carcinoma in patients considered suitable for active therapy.

Gynaecological

- **61571** Primary staging of patients with histologically proven carcinoma of the uterine cervix, at FIGO stage IB2 or greater, prior to planned radical radiation therapy or combined modality therapy with curative intent.
- **61575** Staging of patients with confirmed local recurrence of carcinoma of the uterine cervix considered suitable for salvage pelvic chemoradiotherapy or pelvic exenteration with curative intent.
- **61565** Evaluation (following initial therapy) of suspected residual, metastatic or recurrent ovarian carcinoma in patients considered suitable for active therapy.

Melanoma

- **61553** Evaluation (following initial therapy) of suspected metastatic or recurrent malignant melanoma in patients considered suitable for active therapy.

Sarcoma

- **61640** Initial staging of patients with biopsy-proven bone or soft tissue sarcoma (excluding gastrointestinal stromal tumour) considered by conventional staging to be potentially curable.
- **61646** Evaluation of patients with suspected residual or recurrent sarcoma (excluding gastrointestinal stromal tumour) after the initial course of definitive therapy to determine suitability for subsequent therapy with curative intent.

DOTATATE Whole body Ga-DOTA-peptide PET study

- **61647** Staging of a suspected gastro-entero-pancreatic (GEP) neuroendocrine tumour.
  Assessment of resectability of metastatic GEP neuroendocrine tumour.

MEDICARE NON-REBATABLE INDICATIONS

- Brain FET-PET for primary or metastatic disease