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*Due to complexity of some procedures an online appointment may not be available.

PET Imaging Request

Patient Identification

Or ID Sticker

Surname:

First name:

Date of Birth:

Address:

.....

Phone No: (h)

(m)

(w)

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

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):

Tracer

FDG DOTA-TATE PSMA FET

NaF Other

Clinical details

Clinical Indication

Staging Restaging

Site of disease Histopath

PSMA Prostate July 1, 2022

Item 61563 Initial Staging

Intermediate to high risk prostate Ca as defined, and Previously untreated, and Suitable for curative locoregional therapy

NB: one service payable in patient's lifetime

Item 61564 Restaging:

Has previously had a PSMA for initial staging YES / NO Has had locoregional therapy and is suitable for more

NB: two services payable in patient's lifetime

Additional Diagnostic Imaging Required

CT Area:

MRI

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

Recent Correlative 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:

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.

DOTA-TATE 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-REBATEABLE INDICATIONS

- Brain FET-PET for primary or metastatic disease
- Lung SCLC (Note: NSCLC funded)
- Gastric (Note: GEJ funded)
- Liver/Biliary tree (Note: Liver covered if part of funded test eg CRC)
- Pancreas
- GIST (Note: All other sarcoma funded)
- Endometrium
- Metastatic unknown Primary (Note: Metastatic SCC with cervical node funded)
- Myeloma
- Other: