



- RUH SCH SPH
 Other _____

PET – CT REQUISITION FORM

Royal University Hospital
 103 Hospital Drive
 Saskatoon, SK S7N 0W8
 Phone: (306) 655-3340
 Fax: (306) 655-1635

Please include the following (if studies done outside of Saskatoon):

- Relevant Consultation Letter
- CT/MRI Imaging Report
- Pathology/Biopsy Report

Last Name: _____ First Name: _____

D.O.B. _____ Address: _____
 City/Province _____ Postal Code _____

Phone: _____ Provincial Health #: _____
 Home _____ Cell _____

Patient Height: _____ Weight: _____ Patient Diabetic: Yes No

Referring Physician: _____ Phone: _____ Fax: _____

Reason for Request:

- | | |
|---|---|
| <input type="checkbox"/> Malignancy (known primary) | <input type="checkbox"/> Neurologic |
| <input type="checkbox"/> Malignancy (unknown primary) | <input type="checkbox"/> Inflammation/Infection |
| <input type="checkbox"/> Cardiac | |

Malignancy (known primary):

- | | | |
|--|---|--|
| <input type="checkbox"/> Anus | <input type="checkbox"/> Stomach | <input type="checkbox"/> Lymphoma (Non-Hodgkin's) |
| <input type="checkbox"/> Breast/female | <input type="checkbox"/> Testicular | <input type="checkbox"/> Melanoma |
| <input type="checkbox"/> Breast/male | <input type="checkbox"/> Thymus/heart | <input type="checkbox"/> Myeloma |
| <input type="checkbox"/> Bone | <input type="checkbox"/> Thyroid | <input type="checkbox"/> Nasal cavity/ear/sinus |
| <input type="checkbox"/> Cervix | <input type="checkbox"/> Uterine/endometrial | <input type="checkbox"/> Ovary |
| <input type="checkbox"/> Colon/rectum | <input type="checkbox"/> Sarcoma | <input type="checkbox"/> Pancreas |
| <input type="checkbox"/> Connective or other soft tissue | <input type="checkbox"/> Larynx | <input type="checkbox"/> Primary brain |
| <input type="checkbox"/> Esophagus | <input type="checkbox"/> Liver | <input type="checkbox"/> Prostate (non-adenocarcinoma) |
| <input type="checkbox"/> Gallbladder/bile ducts | <input type="checkbox"/> Lung, non-small cell | <input type="checkbox"/> Other (please describe): |
| <input type="checkbox"/> Retroperitoneum | <input type="checkbox"/> Lung, small cell (limited) | |
| <input type="checkbox"/> Small intestine | <input type="checkbox"/> Leukemia | |
| | <input type="checkbox"/> Lymphoma (Hodgkin's) | |

Malignancy (unknown primary):

Proven or strongly suspected metastatic disease. Please select the suspected malignancy.

- | | |
|---|--|
| <input type="checkbox"/> Bone/marrow | <input type="checkbox"/> Lymph node (thoracic) |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Lymph node (abdomen and pelvis) |
| <input type="checkbox"/> Liver | <input type="checkbox"/> Lymph node (superficial, non-head and neck) |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Other (please describe): |
| <input type="checkbox"/> Lymph node (head and neck) | |

Cardiac:

- FDG viability
- Coronary blood flow assessment
- Other (please describe):

Neurologic:

- Interictal seizure assessment
- Cognitive decline
- Other (please describe):

Inflammation/Infection:

Please describe:

Clinical History:

Please describe:

Specific Reason for PET-CT:

To determine if lesion is cancer:

- Pre-biopsy
- Biopsy contraindicated
- Other (please describe):

- To detect a primary tumor site in a patient with a confirmed or strongly suspected metastatic lesion
- To detect a primary tumor site in a patient with a presumed paraneoplastic syndrome
- Initial staging of histologically confirmed, newly diagnosed cancer
- Monitoring treatment response during chemotherapy
- Monitoring treatment response during radiotherapy
- Monitoring treatment response during combined therapy
- Restaging after completion of therapy
- Suspected recurrence of previously treated cancer
- Radiation therapy planning

Additional Notes:

Priority:

- Emergent
- Urgent
- Semi-urgent
- Elective

Specific date:

Known or Suspected Disease Location:

- No evidence of disease/in remission
- Localized only
- Regional involvement by direct extension, lymph node involvement, or both
- Metastatic (distant) with a single suspected site
- Metastatic (distant) with multiple suspected sites
- Unknown or uncertain

Stage:

- T
- N
- M
- Stage

Current Management Strategy:

- Observation with close follow up
- Tissue biopsy (surgical, percutaneous, or endoscopic)
- Treatment

Treatment goal:

- Curative
- Palliative

Treatment types:

- Surgical
- Radiotherapy
- Chemotherapy or other biologic therapy
- Supportive
- Other

Previous Imaging:

Adult patients should have a diagnostic CT performed within the last 2-4 weeks.

- CT done at: _____ Date: _____
- MRI done at: _____ Date: _____
- Other done at: _____ Date: _____

Creatinine: _____

GFR (preferred): _____
 Date: _____

Contrast allergy

- No
- Yes

Claustrophobic

- No
- Yes

Diabetic

- No
- IDDM
- NIDDM

Is the patient taking:

- Metformin
- C-GSF

Past medical history and relevant medications OR recent consult note attached or faxed.

Pertinent False Positives Within 3 Months:

Biopsy

Surgical, date: _____

Percutaneous, date: _____

Surgery: _____ Date: _____

Trauma: _____ Date: _____

Infection/Inflammation: _____ Date: _____

Physician Signature: