

PET-CT Referral Form

Patient's name:			
Address:		DOB:	
		NHI#:	
		Tel (Mob):	
email:		Tel (Home):	
Medical insurance?	Y <input type="checkbox"/> N <input type="checkbox"/>	Provider:	Policy #:
HealthNZ:	Y <input type="checkbox"/> N <input type="checkbox"/>	HNZ of Domicile:	HNZ of Service:
Discussed at an MDM?	Y <input type="checkbox"/> N <input type="checkbox"/>	MDM Name:	

Examination requested:

<input type="checkbox"/> FDG	<input type="checkbox"/> NAF	<input type="checkbox"/> FET (brain)	<input type="checkbox"/> PSMA
Other: <input type="text"/>		Timing of scan: <input type="text"/>	

Important safety questions - referring clinician please complete

Diabetic?	<input type="checkbox"/> IDDM	<input type="checkbox"/> NIDDM	<input type="checkbox"/> N	<input type="checkbox"/> Outpatient	<input type="checkbox"/> Inpatient	Ward: <input type="text"/>
Is your patient pregnant?	Y <input type="checkbox"/> N <input type="checkbox"/>					
Is your patient infectious?	Y <input type="checkbox"/> N <input type="checkbox"/>					
Does your patient have allergies?	Y <input type="checkbox"/> N <input type="checkbox"/>					
Renal Failure?	Y <input type="checkbox"/> N <input type="checkbox"/>					
eGFR/date: (within 3 months) <input type="text"/>						
Previous IV contrast reactions?	Y <input type="checkbox"/> N <input type="checkbox"/>					
Does your patient have asthma?	Y <input type="checkbox"/> N <input type="checkbox"/>					
Interpreter needed?	Y <input type="checkbox"/> N <input type="checkbox"/>					
Does your patient require:						
Sedation						Y <input type="checkbox"/> N <input type="checkbox"/>
General Anaesthetic						Y <input type="checkbox"/> N <input type="checkbox"/>
Approx. weight of patient:						<input type="text"/> kg
Approx. height of patient:						<input type="text"/> cm

Ensure all relevant pages of this form are completed and that it is signed by the referring consultant, email the completed form to petct@bayradiology.co.nz. **All four pages must be completed for HEALTHNZ FUNDED SCANS**

Referrer details:

Name:		Team:
Address:		
Secretary Name:	Fax:	Phone:
Signature		Date:

Copy to:

Name:	Fax:
Address:	
Name:	
Address:	Fax:

Clinical Audit - please fill in or tick appropriate responses for all cases

Primary condition:

Histology / Pathology:

Please select one of the following:

- ☐ New diagnosis / Initial staging
- ☐ Restaging / Surveillance
- ☐ Assess RX response

Previous malignancies:

Known extent of disease [select all that apply]

- | | |
|--|-------|
| <input type="checkbox"/> No evidence of disease | Site: |
| <input type="checkbox"/> Primary lesion | Site: |
| <input type="checkbox"/> Local recurrence | Site: |
| <input type="checkbox"/> Loco-regional involvement | Site: |
| <input type="checkbox"/> Systemic disease | Site: |
| <input type="checkbox"/> Equivocal | Site: |

Clinical Indications

Recent treatment details

<input type="checkbox"/> Surgery ›	Site:	Date:
<input type="checkbox"/> Radiotherapy	<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Combined
Date of last Radio/Chemo treatment:		
Date of next Radio/Chemo treatment:		

Recent relevant imaging

<input type="checkbox"/> CT	Date:	Provider:
<input type="checkbox"/> MRI	Date:	Provider:
<input type="checkbox"/> PET	Date:	Provider:
<input type="checkbox"/> Other	Date:	Provider:

What would your management plan be if PET were unavailable?

Intention of plan: ☐ Curative or ☐ Palliative

<input type="checkbox"/> Surgery	<input type="checkbox"/> Radiotherapy	<input type="checkbox"/> Chemoradiation alone
<input type="checkbox"/> Chemoradiation then surgery	<input type="checkbox"/> Chemotherapy alone	<input type="checkbox"/> Chemotherapy then surgery
<input type="checkbox"/> Biopsy	<input type="checkbox"/> Observation only	<input type="checkbox"/> Other:

HEALTHNZ FUNDED SCANS: Complete all four pages and give to your Department Administrator.

HealthNZ approved indications with criteria

Type	✓	Code	Criteria
Anal	<input type="checkbox"/>	AN1	Staging of patients with locally advanced (\geq T2 +/- node positive) anal squamous cell carcinoma.
	<input type="checkbox"/>	AN2	Restaging of patients with residual or recurrent anal squamous cell carcinoma where radical therapy is being considered.
Bladder	<input type="checkbox"/>	BL1	Staging of patients with locally advanced or potentially oligometastatic bladder cancer, where other imaging is indeterminate and radical therapy is being considered.
Breast	<input type="checkbox"/>	BR1	Staging of patients with locally advanced or potentially oligometastatic breast carcinoma, where other imaging is indeterminate or non-diagnostic and where radical therapy is being considered (see additional notes in <i>Evidence-based indications for the use of PET-CT in the United Kingdom 2022, Pg13</i>).
Cardiac Sarcoid	<input type="checkbox"/>	CS1	Initial diagnosis or re-evaluation of patients with sarcoidosis with suspected cardiac involvement, where cardiac MRI is indeterminate or not feasible due to ICD.
Colorectal	<input type="checkbox"/>	CR1	Pre-operative evaluation of patients with colorectal carcinoma who are candidates for resection of metastases.
	<input type="checkbox"/>	CR2	Re-staging of patients with colorectal carcinoma and new abnormality on other imaging following definitive treatment
	<input type="checkbox"/>	CR3	Re-staging of patients with rising tumour markers with indeterminate findings on other imaging following definitive treatment for colorectal carcinoma.
	<input type="checkbox"/>	CR4	Re-staging of patients with loco-regionally recurrent colorectal cancer where pelvic exenteration is being considered.
Epilepsy	<input type="checkbox"/>	EP1	Evaluation for focal hypometabolism in refractory partial epilepsy.
Germ cell	<input type="checkbox"/>	GE1	Staging of patients with germ cell tumour where curative therapy is being considered.
GIST	<input type="checkbox"/>	GI1	Restaging of patients with recurrent gastrointestinal stromal tumour (GIST) where curative resection is being considered.
Glioma	<input type="checkbox"/>	GL1	FET PET scan to guide biopsy or target delineation for radiotherapy planning in patients with heterogeneous tumours on MR scan.
	<input type="checkbox"/>	GL2	FET PET scan for differentiation of radio necrosis from recurrent glioma in patients treated with radiotherapy.
Graft Infection	<input type="checkbox"/>	GR1	Evaluation of patients with suspected vascular graft, cardiac prosthesis or pacemaker infection where other imaging is indeterminate
Cervical	<input type="checkbox"/>	GY1	Staging of patients with locally advanced ($>$ FIGO Stage 1A) cervical (includes vaginal and vulval) cancer where curative therapy is being considered.
	<input type="checkbox"/>	GY2	Staging of patients with histologically proven, loco-regionally recurrent cervical, vaginal or uterine cancer, where radical therapy is being considered.
	<input type="checkbox"/>	GY4	Restaging of patients with locally advanced cervical, vaginal or vulval cancer 3-6 months post radical treatment with chemoradiotherapy.
Hepatobiliary	<input type="checkbox"/>	HB2	Staging of patients with gallbladder or bile duct cancer which appears localised on other imaging and where radical surgery is being considered.
Head and Neck	<input type="checkbox"/>	HN0	(previously HN2) Staging of locally advanced/node positive head and neck cancer.
	<input type="checkbox"/>	HN1	Restaging of head and neck cancers following definitive treatment or for a residual/recurrent mass.
	<input type="checkbox"/>	HN3	Staging of patients with metastatic SCC in head and neck lymph nodes from an unknown primary with indeterminate findings on other imaging and where radical therapy is being considered.
Lung	<input type="checkbox"/>	LU1	(combined LU1, LU2, LU4) Staging of patients with suspected or proven lung cancer (SCLC or NSCLC) where radical treatment is being considered.
	<input type="checkbox"/>	LU2	(previously LU3) Evaluation of a pulmonary nodule, minimum diameter of at least 8 mm, where the risk of malignancy is moderate or high, in line with international guidance (reference BTS and Fleischner).

Type	✓	Code	Criteria
Lymphoma	<input type="checkbox"/>	LYM1	(previously LYM2 and LYM4) Staging of patients with Hodgkin's Disease and restaging after 2-4 cycles of chemotherapy to inform management options.
	<input type="checkbox"/>	LYM2	(previously LYM1) Staging of patients with early stage Non Hodgkin's lymphoma to guide indication for radiation and appropriate treatment fields.
	<input type="checkbox"/>	LYM3	Initial staging and restaging at the end of treatment PET-CT for High Grade Non-Hodgkin's Lymphoma
	<input type="checkbox"/>	LYM4	(previously LYM3) Restaging of patients with residual mass in Hodgkin's and Non Hodgkin's lymphoma following definitive treatment.
	<input type="checkbox"/>	LYM5	(previously LYM4) Evaluation of response to salvage chemotherapy in patients who are candidates for stem cell transplantation
	<input type="checkbox"/>	LYM6	Suspected transformation to high grade lymphoma in patients with either SLL/CLL or low grade NHL to guide biopsy site
	<input type="checkbox"/>	LYM7	Restaging of patients with low grade lymphoma at the end of treatment to guide indication for maintenance Rituximab therapy.
Myeloma	<input type="checkbox"/>	MY1	Staging of patients with non-secretory, oligosecretory or extramedullary myeloma, or solitary plasmocytoma, where other imaging is non-diagnostic or indeterminate.
Neuroendocrine	<input type="checkbox"/>	NE1	68Ga-DOTATATE for perioperative staging of patients with neuroendocrine tumour.
	<input type="checkbox"/>	NE2	68Ga-DOTATATE and/or 18F-FDG PET for assessment of patients with neuroendocrine tumours for suitability for PRRT or response to PRRT
Oesophagus	<input type="checkbox"/>	OE1	Staging of patients with oesophageal and gastro-oesophageal junction cancer where radical treatment is being considered.
	<input type="checkbox"/>	OE2	Restaging of patients with oesophageal and gastro-oesophageal junction cancer with suspected recurrence where radical treatment is being considered.
Ovarian	<input type="checkbox"/>	OV1	(previously GY3) Restaging of patients with recurrent ovarian and fallopian tube carcinoma where cytoreductive/ curative surgery is being considered.
Pancreas	<input type="checkbox"/>	PANC1	Staging of patients with pancreatic cancer where radical surgery is being considered.
Prostate	<input type="checkbox"/>	PROS1	PSMA PET-CT to be used for initial staging of patients with high-risk prostate cancer (PSA>20, Gleason ≥8, T3a) that are otherwise suitable for locoregional therapy with curative intent.
	<input type="checkbox"/>	PROS2	PSMA PET-CT to be used for restaging of patients with biochemical recurrence (PSA>0.5 post-prostatectomy or 2 above nadir post radical radiotherapy) that are otherwise suitable for further locoregional therapy. Any single patient will only have a maximum of two restaging PSMA PET-CTs per lifetime.
Pyrexia of unknown origin	<input type="checkbox"/>	PU1	Investigation of sustained pyrexia despite antibiotics for >3 weeks where all other investigations have been exhausted and the scan is recommended by an infectious diseases or general medicine consultant
Sarcoma	<input type="checkbox"/>	SA1	Staging of patients with localised, intermediate or high grade sarcoma, where radical therapy is being considered.
	<input type="checkbox"/>	SA2	Re-staging of residual masses in patients with Ewing's sarcoma or rhabdomyosarcoma
Skin	<input type="checkbox"/>	SK1	Staging or restaging of locally advanced or metastatic melanoma for patients who are suitable for treatment with curative intent
	<input type="checkbox"/>	SK2	Staging prior to radical therapy for patients with biopsy proven Merkel cell carcinoma.
	<input type="checkbox"/>	SK3	Staging or restaging of locally advanced cutaneous Squamous cell carcinoma for patients who are otherwise suitable for locoregional therapy with curative intent
Testicular cancer	<input type="checkbox"/>	TE1	Restaging of residual masses in patients with testicular cancer post-definitive treatment
Thyroid	<input type="checkbox"/>	TH1	Assessment of patients with suspected, recurrent thyroid carcinoma based on elevated thyroglobulin where other imaging is negative or indeterminate
Other	<input type="checkbox"/>		The condition is outside the above criteria; however, I have discussed the patient with a PET-CT subject matter expert who has supported this scan request.

PET-CT Radiologist or NM Specialist: