

# PET/CT Imaging Request Form

NUCLEAR MEDICINE AND PET DEPARTMENT  
LIVERPOOL HOSPITAL



Health  
South Western Sydney  
Local Health District

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## Patient Identification

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ MRN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_ Carer \_\_\_\_\_

NIDDM/IDDM: \_\_\_\_\_ Outpatient (tick)  or Inpatient  Hospital \_\_\_\_\_ Ward: \_\_\_\_\_

Urgent By: \_\_\_\_/\_\_\_\_/\_\_\_\_ OR Before Follow Up Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Clinical Indication

Primary Site of Disease: \_\_\_\_\_

Histology/Pathology: \_\_\_\_\_ Pre PET stage: T \_\_\_ N \_\_\_ M \_\_\_

Surgery Type: \_\_\_\_\_ Most Recent: \_\_\_\_/\_\_\_\_/\_\_\_\_

Chemotherapy: \_\_\_\_\_ Last: \_\_\_\_/\_\_\_\_/\_\_\_\_

Radiotherapy Region: \_\_\_\_\_ Last: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Indications for <sup>68</sup>Ga or <sup>18</sup>F-FDG PET-CT (Tick Only One)

**Characterisation of SOLITARY PULMONARY NODULES** (61523)

**Staging of proven NON-SMALL CELL LUNG CANCER** (61529)

**Primary Staging of CARCINOMA OF THE HEAD & NECK** (61598)

**Suspected residual or recurrent HEAD & NECK CANCER** (61604)

**METASTATIC SCC involving cervical nodes** (61610)

**Primary Staging of CANCER of OESOPHAGUS or GASTRO-OESOPHAGEAL JUNCTION** (61577)

**Residual, metastatic or recurrent COLORECTAL CARCINOMA** (61541)

**Whole body <sup>68</sup>Ga-DOTA PET study for NEUROENDOCRINE TUMOUR** (61647)

**Whole body PSMA PET study for initial staging of PROSTATE ADENOCARCINOMA** (61563)

**Whole body PSMA PET study for restaging of PROSTATE ADENOCARCINOMA** (61564)

**Suspected residual, metastatic or recurrent OVARIAN CARCINOMA** (61565)

**Primary staging of proven UTERINE CERVICAL CARCINOMA** (61571)

**Further staging of recurrent UTERINE CERVICAL CARCINOMA** (61575)

**Suspected metastatic or recurrent MALIGNANT MELANOMA** (61553)

**Initial staging of bone or soft tissue SARCOMA** (excluding gastrointestinal stromal tumour) (61640)

**Suspected residual or recurrent SARCOMA** (excluding gastrointestinal stromal tumour) (61646)

**Initial staging of Hodgkin's or non-Hodgkin's LYMPHOMA** (61620)

**Assessment of therapy response of Hodgkin's or non-Hodgkin's LYMPHOMA** (61622)

**Restaging recurrent Hodgkin's or non-Hodgkin's LYMPHOMA** (61628)

**Assess response to second-line chemotherapy when stem cell transplantation is being considered for Hodgkin's or non-Hodgkin's LYMPHOMA** (61632)

**Staging of locally advanced (Stage III) BREAST CANCER** (61524)

**Suspected metastatic or recurrent BREAST CARCINOMA** (61525)

**Evaluation of MALIGNANT BRAIN TUMOUR** (61538)

**Diagnosis of ALZHEIMER'S DISEASE** (61560)

**REFRACTORY EPILEPSY which is being evaluated for surgery** (61559)

**Initial staging of ELIGIBLE CANCER TYPES** (rare or uncommon cancer and at least 10% likelihood significant management impact) (61612)

**UNFUNDED FDG PET-CT (specify)**

The patient is aware there will be a charge of \$250 on compassionate grounds and is agreeable to this.

If you would like the fee to be waived, please leave your contact number and our physicians will call you to discuss.

Your best contact number: \_\_\_\_\_

### CLINICAL TRIAL STUDY

**Name of Trial / Sponsor:** \_\_\_\_\_

**Contact Person:** (if applicable) \_\_\_\_\_

**Phone:** \_\_\_\_\_

Please note: As the patient you have the option to choose which diagnostic imaging provider you want to have this procedure performed at.

**Referring Consultant / Specialist:** \_\_\_\_\_ **Provider #:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

## PATIENT PREPARATION

### FOR ALL 18F-FDG PATIENTS

1. Fast for 6 hours before your appointment time. No food, chewing gum, flavored water, lollies or vitamins. (*Diabetic patients – please read below*).
2. You may drink as much plain water as you like and use the toilet as often as required.
3. No strenuous exercise for 12 hours prior to your appointment.
4. Wear warm, comfortable clothes with no metallic objects.
5. If you have NON-DIABETIC medications, take them with plain water at your usual times.
6. Bring your Medicare card, and all previous X-ray, CT, MRI, Nuclear Medicine, Ultrasound scans with you.

### DIABETIC PATIENTS

#### ***Diet Controlled***

Preparation as above.

#### ***Non-Insulin Dependent***

If your appointment is before 12 noon, fast from midnight and do not have breakfast or your oral diabetic medication.

If your appointment is after 12 noon, have your normal breakfast with your normal oral diabetic medication, and then fast for 6 hours until your appointment.

#### ***Insulin Dependent***

An appointment before 12 noon is preferred. Fast for 4 hours after your last normal meal & insulin before your appointment time. Bring your insulin with you.

If your appointment is after 12 noon, have your normal breakfast at your normal time with your normal insulin. Insulin should not be given less than 4 hours before FDG injection. Bring your insulin with you.

## PATIENT INFORMATION

### PET/CT:

The Positron Emission Tomography (PET) facility at Liverpool Hospital was opened in 2002. The most common type of PET scan detects and measures glucose metabolism within the body. In cancers, the metabolism of glucose may be abnormal. By injecting a small amount of radioactive glucose (<sup>18</sup>F-FDG) into a vein, we can diagnose and assess the extent of spread of most cancers within the body. We currently have a combined PET/CT scanner which also provides the Computed Tomography (CT) information with regards to the size, shape and location of various lesions.

### How is the PET/CT Scan Done?

When you arrive your height and weight will be measured and you will be asked to remove all metal objects. Then your blood sugar level will also need to be measured and a small cannula needle will be placed into a vein in your hand or arm. A doctor will then ask you about your medical history. Once complete a technologist will then inject a small amount of radioactive glucose through the cannula. You will be required to rest quietly on the bed for 1 hour. You will be then asked to lie very still on a scanning table for about 30 minutes. Once the scan is complete you will be given something to eat. A USB will be given to you before you leave the department to deliver to your doctor. A written report is faxed to referring Specialists within 1 working day of the appointment.

### Length of Test:

The test will take approximately 3 hours

### Side Effects & Safety:

The amount of radioactivity used during the procedure is very small. There are no side effects associated with the PET/CT scan. However, you **MUST** inform the staff if you are pregnant or breast feeding, or may be accompanied by someone who may be pregnant, when the appointment is booked.

### Location:

The PET/CT unit is located in the Imaging Department (11) on the ground floor of the New Clinical Services Building. Enter the Hospital via Entrance N (near Cancer Therapy) or Entrance J (near Mental Health) and follow the main concourse to Imaging Reception 11.

### Parking:

Preferred Hospital Parking is P2 or P3 via Burnside Drive, Warwick Farm.

There is a limited amount of on-street metered parking.

Westfield Shopping centre is located 500 metres from the hospital.

### Contact Details:

Department of Nuclear Medicine and PET, Ground Floor, Reception 11

Liverpool Hospital

Corner of Elizabeth & Goulburn Streets, Liverpool NSW 2170

**Phone:** 02) 8738 3502 or 02) 8738 3511

**Fax:** 02) 8738 3529

**Website:** <http://www.swslhd.nsw.gov.au/liverpool/pet> **Email:** [SWSLHD-LiverpoolPETReferrals@health.nsw.gov.au](mailto:SWSLHD-LiverpoolPETReferrals@health.nsw.gov.au)