

KMH POSITRON EMISSION TOMOGRAPHY (PET)

TO BE COMPLETED BY THE REFERRING PHYSICIAN

Tel.: (905) 855-1860 • Toll Free: 1-877-564-5227 • Fax: (905) 855-1863 • Toll Free Fax: 1-877-564-3297 • www.kmhlabs.com

Patient Demographics:

Surname: _____ First Name: _____ Middle Name: _____
 Sex: M F Province: _____ Postal Code: _____ Phone: (_____) _____ - _____
 OHIP Number: _____ Date of Birth: _____

PART 1 OHIP INSURED INDICATIONS

Solitary Pulmonary Nodule (SPN) due to:
 1. Failed Fine Needle Aspiration or other biopsy attempt, **OR**
 2. Medical condition(s) to establish diagnosis, **OR**
 3. Inaccessible to FNA
 Note: PET is not indicated for the workup of pure ground glass nodules due to very low yield.

Non-Small Cell Lung Cancer (Complete Sections A, B and C)
 A. Reason for PET (choose one):
 Baseline Staging (new diagnosis) Re-staging (locoregional recurrence)
 B. Clinical Stage: I II IIIA IIIB
 C. Histological confirmation of NSCLC, **OR**
 Strong clinical and radiological suspicion of NSCLC (e.g., based on patient history and/or imaging)

Esophageal /GE Junction Cancer
 Baseline Staging, **OR**
 Repeat PET/CT scan on completion of pre-operative/neoadjuvant treatment, prior to surgery, **OR**
 Re-staging (locoregional recurrence)
Clinical Stages: (Please provide T, N and M staging)
 TX T0 Tis T1 T1a T1b T2 T3 T4 T4a T4b
 NX N0 N1 N2 N3 M0 M1

Lymphoma Therapy Assessment (Complete 1 or 2)
 1. **Post Therapy Lymphomas:** (Complete A, B and C)
 A. Residual Mass \geq 2cm, **AND** Biopsy unable to be performed
 B. Hodgkin's, **OR** Non-Hodgkin's
 C. Date of end of last chemotherapy prior to PET: _____
 YYYY-MM-DD
 2. **Assessment or Response to Treatment (Hodgkin's Disease Only)**
 A. Chemotherapy to date: 2 Cycles completed, **OR** 3 Cycles completed
 B. Date of end of last chemotherapy prior to PET: _____
 YYYY-MM-DD

Colorectal Cancer (Complete 1 or 2)
 1. **Recurrent Colorectal Cancer (Primary therapy received & rising CEA after surgical resection and negative/equivocal imaging)**
 Elevated Biomarker: _____ Value 1: _____ Value 2: _____
 2. **Staging/Re-staging Colorectal Cancer**
 Histologic confirmation of colorectal cancer, **AND**
 Pre-sumptive pre-PET apparent limited metastatic disease or local recurrence, **AND**
 Patient has **no** significant comorbidities that would preclude radical intent therapy if clinically indicated.

Thyroid Cancer Recurrence*
 Biomarker: _____ Value 1: _____ Value 2: _____

Germ Cell Tumour* (Complete A & B)
 A. Recurrent, **OR** Seminoma (Post treatment residual mass)
 B. Biomarker: _____ Value 1: _____ Value 2: _____

*The patient must have:
 A. Received primary therapy, **AND**
 B. Recent imaging (CT, US, MR, or I-131 scanning) that is **negative or equivocal, AND**
 C. Biomarkers that are **elevated.**

Head & Neck Cancer (Complete 1 or 2)
 1. **Nasopharyngeal Cancer Staging**
 No known metastases in chest and abdomen (by negative CT chest **and** negative CT or US abdomen)
 2. **Neck Nodes Metastases with Unknown Primary**
 Histologic confirmation of squamous cell carcinoma, **AND**
 Negative ENT physical exam for primary tumour, **AND**
 Negative CT and/or MRI of the neck.

Anal Canal Cancer, with T2-T4 squamous cell carcinoma
 (Must Complete OHIP INDICATIONS on REGISTRY Req.)

Limited Disease Small Cell Lung Cancer
 Stage: I II IIIA IIIB

Cardiac Viability (Must Complete CARDIAC OHIP Req.)

PART 2 REGISTRY INDICATIONS

Lymphoma Staging
 (Choose 1 or 2 & Must Complete REGISTRY Req.)
 1. Staging of Hodgkin's Lymphoma or NHL being treated with curative intent.
 2. Apparent Limited Stage Nodal Follicular Lymphoma & other Indolent NHL for curative radiation therapy.

Lymphoma Interim Response (Must Complete REGISTRY Req.)

Lymphoma End of Therapy Assessment (Must Complete REGISTRY Req.)

Sarcoma (Must Complete REGISTRY Req.)

Multiple Myeloma/Plasmacytoma (Must Complete REGISTRY Req.)

Melanoma
 Purpose: Staging (Localized "High Risk" Tumours)
 Evaluation of Isolated Metastasis
 (choose 1 option from each column)

<input type="checkbox"/> Lymph node metastases	<input type="checkbox"/> Stage IIC
<input type="checkbox"/> Satellitosis or intransit metastases	<input type="checkbox"/> Stage III
<input type="checkbox"/> Deep head and neck melanoma	<input type="checkbox"/> Stage IV

PART 3 ACCESS INDICATIONS (Must Complete ACCESS Req.)

Preapproval Required Only By PET Imaging Centre

Head & Neck Cancer: Restaging H&N Cancer after Chemoradiotherapy
 Head & Neck Cancer: Baseline Staging Node Positive (N1-N3)
 Anaplastic Thyroid **Medullary Thyroid**
 Cervical Staging Cancer **Gynecologic Cancer Recurrence**

Preapproval Required By CCO

Paraneoplastic Neurological Syndromes **Mesothelioma**
 Resectable Pancreatic Cancer **Other**

Preapproval Required By CCN

Cardiac

Referring Physician Information:

Surname: _____
 First Name: _____
 Phone: (_____) _____ - _____ ext: _____
 Fax: (_____) _____ - _____
 Email: _____
 C.C. Physician: _____
 Next Consult Date: _____
 Last Treatment Date: _____
 Next Treatment Date: _____

Billing #: _____ CPSO #: _____
 Date: _____

 Physician Signature

Note: Please provide the most recent and relevant imaging report(s) (e.g. CT, MRI, US), and digital images (CD/DVD), and pathology report(s), if applicable. As radiation therapy & chemotherapy may affect the sensitivity of the PET scan, it is strongly recommended to schedule PET at least 6 weeks after last round of therapy, if possible.

PET/CT – Patients Instructions

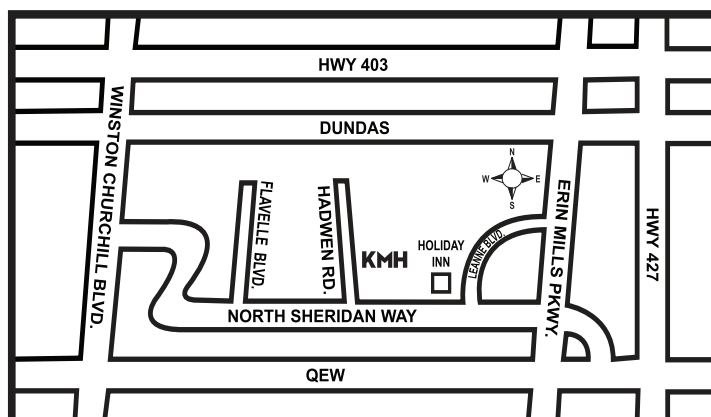
1. Please provide **accurate and current patient demographic information**, especially day and home telephone numbers, so we may contact the patient to book their appointment.
2. Reason for performing the test, relevant clinical information, as well as, reports from relevant previous diagnostic tests and surgical interventions must accompany the requisition to ensure the correct protocol is assigned by our Nuclear Medicine Physician.
3. To ensure a diagnostic examination, **the patient needs to fast for 6 hours prior to their appointment**. Drinking water is allowed and encouraged within fasting period. No exercise 48 hours prior to your PET Scan. For afternoon appointments, patients are permitted to have a light breakfast before the 6-hour fast.
4. A 12-hour fast may be required for specific cardiac indications of which the patient will be informed at the time of booking his/her appointment.

For patients with Diabetes:

5. Hyperglycemia (blood glucose level > 10-11 mmol/L) can significantly interfere with tumor imaging and lead to a suboptimal study. **Reasonable glycemic control should be achieved before referring diabetic patients for this test.**
6. Oral hypoglycemic medication (diabetic pills) should be discontinued the day of the test. Consideration will be made to schedule patients on oral hypoglycemic medication in the morning.
7. Patients can continue their routine administration of insulin with a light breakfast. (Referring physician may advise patients taking long acting insulin separately from their short acting insulin to only take short acting insulin if appropriate). Consideration will be made to schedule patients on insulin in the early afternoon.

Please follow the instructions below for the best test results:

1. Do not eat or drink anything except water 6 hours prior to your appointment. No chewing gum, candies and mints allowed the day of the test. No exercise 48 hours prior to your PET Scan. The test will take approximately 2 hours.
2. Drink 2-4 glasses of water before your appointment time.
3. Wear warm, loose, comfortable clothing, preferably without metal zippers or buttons on the day of your test.
4. Bring a list of all prescription medication(s) you are currently taking.
5. You may take all your medications (EXCEPT diabetic medications) with water on the day of the test.
6. If you are diabetic, please follow specific instructions given to you by your referring physician.
7. If you are claustrophobic, you may ask your doctor to give you a sedative to use prior to the study. Please arrange to have a designated driver after use of sedatives.



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