PREP Phase 2  
PET Access Program Request Form  
V2, Sep 08, 2020

Patient OHIP Number: ___________________________  Date Form A completed: _____/_____/_____  
(dd / mmm / yyyy)

Patient Initials: _____ _____ ____ (FML)  
Patient DOB: : _____/_____/_____ (dd / mmm / yyyy)

*This form is only required for cases submitted to CCO for consideration of enrollment into Cohort 7*

**Diagnosis:** *(please include topography, histology, and stage if known)*

**Has histology been confirmed?**  ☐ Yes  ☐ No  
If no, reason why histology not confirmed:

**PET Scan Indication:** *(select all that apply)*

☐ Initial Diagnosis *(answer the following three questions):*
  - Gleason Score:  ☐ < 8  ☐ ≥ 8
  - PSA:  ☐ <20ng/mL  ☐ ≥20ng/mL
  - Clinical T Stage:  ☐ < III  ☐ ≥ III

☐ Staging/Initial treatment planning  
☐ Restaging  
☐ Treatment response assessment  
☐ Detection of Recurrence

☐ Other, *(specify):* ________________________________

**Was this patient discussed at a Multidisciplinary Cancer Conference (MCC)?**  ☐ Yes  ☐ No

*If yes*(answer the following two questions): *(and attach a copy of the multidisciplinary case conference discussion supporting the request for a PSMA PET scan)*

1. **Was there PET expertise in attendance?**  ☐ Yes  ☐ No
2. **Was a PSMA PET scan recommended?**  ☐ Yes  ☐ No

**What is the clinical question to be answered with PSMA PET?**
What will a PSMA PET scan demonstrate that cannot be proven by other means?

How will the PSMA PET scan impact clinical management of the patient?

1. If PSMA PET scan is positive then patient management would be...

2. If PSMA PET scan is negative then patient management would be...

The following documentation must be attached to this application. The review will not take place without this documentation.

- Clinic and/or consult notes outlining the patient’s relevant medical and treatment history, including the problem that PET is being asked to address (usually the most recent 2-3 clinic notes will suffice)

- Complete conventional diagnostic work-up from the past three months, including all imaging studies, pathology reports, bloodwork, etc. that are relevant to the application

Patient Consent must be received in order to review the application.

(This checkbox must be completed prior to submission)

- The above named patient, or the parent or legal guardian of the patient, has been informed of the PET Access Program and has provided their consent for the collection and use of their, or their child’s, personal health information, as included in the PET Access request package, by PET Scans Ontario for the purposes of determining eligibility for a PET scan, and if found to qualify, the disclosure of the request package to a PET centre identified by the referring physician.