

GASTROINTESTINAL (GI) Requisition to PET Centre
TO BE COMPLETED BY THE REFERRING PHYSICIAN

Indications: (choose only one)

Patient Name: _____

- COLORECTAL CANCER (STAGING/RE-STAGING) – PET for patients with apparent limited metastatic disease (e.g., organ-restricted liver or lung metastases; or limited local recurrence) who are being considered for radical intent therapy.**

Note: As chemotherapy may affect the sensitivity of the PET scan, it is strongly recommended to schedule PET at least 6 weeks after last chemotherapy, if possible.

The patient must have:

- Histologic confirmation of colorectal cancer, **AND**
 Presumptive pre-PET apparent limited metastatic disease or local recurrence, **AND**
 Patient has **no** significant comorbidities that would preclude radical intent therapy, if clinically indicated.

Attach the relevant diagnostic imaging reports; and provide images to the PET Centre.

Other information regarding eligibility: _____

- COLORECTAL CANCER (RECURRENCE) – PET where recurrent disease is suspected on the basis of elevated and/or rising carcinoembryonic antigen (CEA) level(s) after surgical resection with negative or equivocal imaging work-up.**

The patient must have:

- Received primary therapy, **AND**
 Recent imaging (CT or MRI) that is **negative or equivocal**, **AND**
 Elevated Biomarker: Biomarker : _____ Value 1 : _____ Value 2 : _____

Attach the most recent biomarker results & the relevant diagnostic imaging reports; and provide images to the PET Centre.

Other information regarding eligibility: _____

- ANAL CANAL CANCER (STAGING) - PET for the initial staging of patients with clinical stage II-IV squamous cell carcinoma of the anal canal.**

Complete Sections A and B:

A) Select TNM stage based on conventional imaging:

Clinical T Stage: T1 T2 T3 T4
Clinical N Stage: NX N0 N1
Clinical M Stage: M0 M1

B) Reason for PET (choose 1):

Confirm anatomic stage based on conventional imaging.

OR

Clarify equivocal conventional imaging, specify location(s) of interest for PET:

Ano-rectum Lymph Nodes Elsewhere (specify): _____

Attach relevant diagnostic imaging reports (CT, US, MR, Other) & provide images to the PET Centre); consult note or referral letter; and the pathology report.

Physician Signature: _____ **Date:** _____