

# GASTROINTESTINAL (GI) Requisition to PET Centre

TO BE COMPLETED BY THE REFERRING PHYSICIAN

Referring Physician Name: \_\_\_\_\_

Physician Phone: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ CPSO No: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
SURNAME FIRST NAME MIDDLE

OHIP Number: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY MM DD Gender: ☐ M ☐ F ☐ Other

## Fax Instructions

Fax the completed request form, along with the required supporting documentation to the PET Centre of choice for appointment. A complete list of PET Centres and their contact information is available at [PET Centre Locations List](#) | [CCO Health](#)

☐ **ESOPHAGEAL/GE JUNCTION CANCER – PET for staging of patients with esophageal/GE Junction cancer being considered for curative therapy and/or repeat PET on completion of pre-operative/neoadjuvant therapy, prior to surgery. The patient must be eligible for surgery based upon conventional imaging.**

**Purpose:** (choose 1)

- ☐ Baseline staging, **OR**  
☐ Repeat PET/CT scan on completion of pre-operative/neoadjuvant therapy, prior to surgery, **OR**  
☐ Re-staging (locoregional recurrence)

**Esophageal Cancer – Clinical Stages:**

- ☐ TX ☐ T0 ☐ Tis ☐ T1 ☐ T1a ☐ T1b ☐ T2 ☐ T3 ☐ T4 ☐ T4a ☐ T4b  
☐ NX ☐ N0 ☐ N1 ☐ N2 ☐ N3  
☐ M0 ☐ M1

Attach CT report and endoscopic US report and provide images to the PET Centre.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**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/RE-STAGING) - PET for the initial staging of patients with clinical stage II-IV squamous cell carcinoma of the anal canal or when conventional imaging is equivocal for a specific stage; or for re-staging of patients with limited recurrence, after primary treatment, being considered for definitive salvage therapy.**

**Purpose of PET scan (choose 1):**

- ☐ Initial staging of patients with clinical stage II-IV SCC of the anal canal  
☐ Initial staging to clarify equivocal conventional imaging of patients with SCC of the anal canal, specify location(s) of interest for PET:  
☐ Ano-rectum ☐ Lymph Nodes ☐ Elsewhere (specify): \_\_\_\_\_  
☐ Re-staging (limited recurrence) when further ablative therapy is being considered

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