

Genitourinary Requisition to PET Centre
TO BE COMPLETED BY THE REFERRING PHYSICIAN

Indications: (choose only one)

Patient Name: _____

- BLADDER CANCER (INITIAL STAGING)** – PET for the staging of patients with newly diagnosed muscle-invasive high grade urothelial carcinoma of the bladder being considered for curative intent treatment with either radical cystectomy or radiation-based bladder preservation therapy; TNM stage T2a-T4a, N0-3, M0
(for patients with M1a or M1b disease, apply for a PET scan through the PET Access Program).

Select TNM stage based on conventional imaging:

Clinical T Stage: T2a T2b T3a T3b T4a
Clinical N Stage: N0 N1 N2 N3
Clinical M Stage: M0

Select Treatment Plan based on conventional imaging (choose 1):

- Radical Cystectomy; **OR**
 Radiation-based bladder preservation therapy

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

Other information regarding eligibility: _____

- GERM CELL TUMOUR (RECURRENCE)** – PET where recurrent disease is suspected on the basis of elevated tumour marker(s) (beta human chorionic gonadotrophin [HCG] and/or alpha fetoprotein) with negative or equivocal imaging work-up.

The patient must have:

- Received primary therapy, **AND**
 Recent **negative or equivocal** imaging (CT or MRI), **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: _____

- SEMINOMA (RESIDUAL MASS)** – PET where persistent disease is suspected on the basis of the presence of a residual mass, after primary treatment for seminoma, when curative surgical resection is being considered.

The patient must have:

- Received primary therapy, **AND**
 Residual mass on CT or MRI, **AND**
 Patient has **no** significant comorbidities that would preclude surgical resection, if clinically indicated.

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

Other information regarding eligibility: _____

Physician Signature: _____ **Date:** _____