

Lymphoma 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: _____ / _____ / _____ **Gender:** M F Other
 YYYY MM DD

Fax Instructions

Please fax the completed request form, (page 1 and 2), along with the required supporting documentation to the PET Centre of choice for appointment.

- | | Fax no. |
|---|----------------|
| • Hamilton – McMaster University Medical Centre | (905) 521-2358 |
| • Hamilton – St. Joseph's Healthcare Hamilton | (905) 308-7215 |
| • Ottawa – Ottawa General | (613) 737-8752 |
| • Windsor – Windsor Regional Hospital | (519) 254-4759 |
| • London – St. Joseph's Health Care London | (519) 646-6135 |
| • Mississauga – KMH Cardiology Centres Inc. | (905) 855-1863 |
| • Mississauga – MyHealth Centre | (888) 761-9156 |
| • Sudbury – Health Sciences North | (705) 671-7384 |
| • Toronto – Princess Margaret Cancer Centre | (416) 946-2144 |
| • Toronto – Sunnybrook Health Sciences Centre | (416) 480-5218 |
| • Toronto – Hospital for Sick Children | (416) 813-6043 |
| • Thunder Bay – Regional Health Sciences Centre | (807) 684-5907 |

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Indications: *(choose only one)*

Patient Name: _____

STAGING PET FOR LYMPHOMA - baseline staging

Choose only one:

Hodgkin's Lymphoma

Aggressive Non-Hodgkin's Lymphoma (specify histology): _____

Indolent Lymphoma - where extent of disease will impact patient management
(e.g., focal radiotherapy)

Attach the relevant diagnostic imaging reports (CT, US, MRI); and provide images to the PET Centre.

INTERIM RESPONSE PET for HODGKIN'S LYMPHOMA - after 2 OR 3 cycles of chemotherapy

Chemotherapy to date: 2 Cycles completed, **OR** 3 Cycles completed

Date of end of last chemotherapy prior to PET: _____
YYYY-MM-DD

Attach the pre-treatment CT report; or PET scan report if available; and provide images to the PET Centre.

END OF THERAPY RESPONSE ASSESSMENT PET - for the evaluation of residual mass(es) or lesion(s) (e.g., bone) following chemotherapy in patients with Hodgkin's or non-Hodgkin's lymphoma when further potentially curative therapy (such as radiation or stem cell transplantation) is being considered

Complete Sections A), B), and C)

A) Residual Mass(es) or Lesion(s)

B) Hodgkin's, **OR** Non-Hodgkin's

C) Date of end of last chemotherapy prior to PET: _____
YYYY-MM-DD

Attach the relevant diagnostic imaging reports for correlation with PET, and provide images to the PET Centre.

Physician Signature: _____ **Date:** _____