

**Sarcoma Requisition to PET Centre**  
**TO BE COMPLETED BY THE REFERRING PHYSICIAN**

The following indications are part of the Ontario PET Registry. Completion of a post scan form is required following the PET scan. Together the pre and post scan information will provide vital data to build evidence for use of PET for this indication. Please accurately complete both the pre and post scan forms.

<b>Referring Physician Name:</b> _____		
<b>Physician Phone:</b> (____) _____	<b>ext.</b> _____	<b>Fax:</b> (____) _____
<b>CPSO No:</b> _____		
<b>Patient Name:</b> _____		
SURNAME	FIRST NAME	MIDDLE
<b>OHIP Number:</b> _____		
<b>Telephone:</b> (____) _____	<b>Postal Code:</b> _____	
<b>Date of birth:</b> _____ / _____ / _____	<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
YYYY	MM	DD

**Relevant Clinical History:**

**Please provide the most recent and relevant imaging report(s) and other relevant clinical history.**

The following documents must be attached to this requisition:

- Relevant Imaging Studies within the previous 3 months (i.e. CT, US, MR, Other)
- Consult Note or Referral Letter; including relevant lab work/pathology, if relevant

**Fax Instructions**

**Please fax the completed request form, (page 1, 2, and 3), along with the required supporting documentation to the PET Centre of choice for appointment.**

- |   | <b>Fax no.</b> |
|---|----------------|
| • 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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**Complete sections A & B**

Patient Name: \_\_\_\_\_

**Section A - Indication** (choose only one)

**DIAGNOSIS (PLEXIFORM NEUROFIBROMAS) – PET in patients with suspicion of malignant transformation of plexiform neurofibromas.**

**INITIAL STAGING – PET in patients with high grade ( $\geq$  Grade 2), or ungradable, soft tissue or bone sarcomas, with negative or equivocal findings for nodal or distant metastases on conventional imaging, prior to curative intent therapy.**

**Diagnosis:**

- High grade ( $\geq$  Grade 2) **soft tissue** sarcoma       Ungradable **soft tissue** sarcoma  
 High grade ( $\geq$  Grade 2) **bone** sarcoma       Ungradable **bone** sarcoma

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

**Site of disease:**

Specify location: \_\_\_\_\_

**Nodal metastases:**

- Negative       Equivocal, (specify site): \_\_\_\_\_

**Distant metastases:**

- Negative  
 Equivocal, (specify site):     Lung       Liver       Other, (specify site): \_\_\_\_\_

**RE-STAGING – PET in patients with history of treated sarcoma with suspicion of (based on conventional imaging), or histologically confirmed, recurrent sarcoma (local recurrence or limited metastatic disease) being considered for curative intent or salvage therapy**

**Choose 1:**

Local Recurrence (specify location): \_\_\_\_\_

Suspected     Histologically Confirmed (specify histology): \_\_\_\_\_

Limited Metastases (specify location):     Lung       Liver       Other, (specify site): \_\_\_\_\_

Suspected     Histologically Confirmed (specify histology): \_\_\_\_\_

