

Sarcoma 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: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other		
YYYY	MM	DD	

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](#)

Indications: *(choose only one)*

<input type="checkbox"/> SARCOMA (STAGING/RE-STAGING) – PET for the initial staging of patients with histologically confirmed high grade (\geq Grade 2), or ungradable, soft tissue or bone sarcomas when conventional workup is negative or equivocal for metastatic disease, prior to curative intent therapy; OR for re-staging of patients with suspicion of, or histologically confirmed, recurrent sarcoma (local recurrence or limited metastatic disease) when radical salvage therapy is being considered.
Purpose of PET scan (choose 1):
<input type="checkbox"/> Initial Staging; OR
<input type="checkbox"/> Re-staging (recurrent disease)
Attach the relevant diagnostic imaging reports (CT, US, MRI); and provide images to the PET Centre.
Other information regarding eligibility: _____

<input type="checkbox"/> PLEXIFORM NEUROFIBROMAS (DIAGNOSIS) – PET in patients with suspicion of malignant transformation of plexiform neurofibromas.
Attach the relevant diagnostic imaging reports (CT, US, MRI); and provide images to the PET Centre.
Other information regarding eligibility: _____

Physician Signature: _____ **Date:** _____