

THORACIC 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

Fax the completed request form, (page 1 and 2), 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 of PET scan (choose 1):

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

Clinical Stage (please provide T, N and M staging):

- 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: _____

SOLITARY PULMONARY NODULE (SPN) – PET for undiagnosed solid or semi-solid SPN due to:

(choose 1)

- Failed Fine Needle Aspiration (FNA) or other biopsy attempt, **OR**
 Medical condition(s) preclude(s) invasive intervention to establish diagnosis, **OR**
 SPN inaccessible to FNA

Note: PET is not indicated for the workup of pure ground glass nodules due to very low yield.

Attach CT report and provide images to the PET Centre.

Other information regarding eligibility: _____

NON-SMALL CELL LUNG CANCER (NSCLC) – PET for initial staging of patients with NSCLC being considered for potentially curative therapy; OR for re-staging of patients with locoregional recurrence, after primary treatment, being considered for definitive salvage therapy

Complete Sections A, B, and C

- A) Reason for PET *(choose one)*: Baseline Staging (new diagnosis) Re-staging (locoregional recurrence)
B) Clinical Stage: I II IIIA IIIB
C) Histological confirmation of NSCLC **OR**
 Strong clinical and radiological suspicion of NSCLC (e.g., based on patient history and/or imaging)

Attach CT report and provide images to the PET Centre.

Other information regarding eligibility: _____

SMALL CELL LUNG CANCER (SCLC) – PET for initial staging of patients with limited disease SCLC where combined modality therapy with chemotherapy and radiotherapy is being considered.

Clinical Stage: I II IIIA IIIB

Attach CT report and provide images to the PET Centre.

Other information regarding eligibility: _____

MESOTHELIOMA – PET for staging of patients with mesothelioma.

The patient must have:

- Histologic confirmation of malignant mesothelioma
 No distant metastases on pre-PET staging
 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: _____

Physician Signature: _____ **Date:** _____