Government of South Australia
SA Health

SOUTH AUSTRALIA MEDICAL IMAGING

PET/CT IMAGING REQUEST

Appointment Time: | Day: | Date: | Location:

PATIENT DETAILS

Name: | ☐ Interpreter Language: | DOB:

Address: | Patient type: ☐ Medicare eligible ☐ MVA ☐ Work injury ☐ DVA ☐ Non-Medicare | Gender: ☐ Male ☐ Female ☐ Unspecified

Patient election: ☐ Private ☐ Public | Telephone No:

UR No: (if relevant) | Outpatient Clinic: (if relevant) | Medicare No:

TYPE OF PET SCAN REQUEST

☐ 18 F-FDG
☐ Clinical Trial PET
☐ Other:
☐ Gallium-68 PSMA
☐ Gallium-68 DOTATATE

☐ U/S guided cannulation

CLINICAL DETAILS

Reason for PET scan:

Primary site of disease

Histology | Height: cm | Weight: kg

Known allergies:

Possibility of pregnancy: ☐ Yes ☐ No | Date of LMP: | Breastfeeding: ☐ Yes ☐ No

☐ MRSA / VRE ☐ Diabetes ☐ Other relevant considerations / alerts:

REFERRING CLINICIAN

Name
Address
Pager / DECT No
Provider no
Telephone No (for any urgent/ unexpected results)

COPY OF REPORT TO

Name:

☐ NPH (Not for Public Health System Distribution)
☐ Do not send reports to My Health Record

Address:

RESULTS

☐ Fax No:
☐ Medinexus
☐ Films / Images
☐ Hardcopy report to referrer
☐ Date required:

DOCTORS SIGNATURE Date:

Please bring this request form, your **Medicare card** and any **relevant previous films/results** to your appointment.
There is **no out of pocket expense** for Medicare eligible patients.
Your doctor has recommended that you use a South Australia Medical Imaging site for your imaging examination.
You may take this request to another diagnostic imaging provider however it is important to discuss this with your doctor first.

OTHER CLINICAL DETAILS

Recent Surgery: | Date:

Recent or ongoing Chemotherapy, Radiotherapy or GCSF: | Most recent treatment: Date: No of Cycles:

Desired scan date: (not asap) | or before:

Previous Imaging: | Site:

A Medicare benefit may be payable for this service (see Medicare Benefit Schedule).
To assist us in determining this please indicate if the following indications apply to this patient:

^{18}F – FDG PET: STAGING / DIAGNOSIS

☐ Solitary **Pulmonary Nodule**
☐ Staging of newly diagnosed NSCLC (**lung cancer**) being considered for radical RT or surgery
☐ **Brain** – primary tumour grading / biopsy guidance
☐ **Cervical** cancer staging prior to radical RT or combined modality therapy
☐ Staging of newly diagnosed **oesophageal** cancer for radical RT or surgery
☐ Staging of newly diagnosed **gastric** cancer being considered for surgery
☐ Staging of newly diagnosed **head and neck** cancer
☐ Evaluation of metastatic cervical nodes from an **unknown primary** tumour
☐ Staging of newly diagnosed **lymphoma**
☐ Metastatic **malignant melanoma** with potentially resectable disease
☐ Identification of biopsy site for **sarcoma**
☐ Staging of bone or soft tissue **sarcoma** (excluding GIST)
☐ Evaluation of locally advanced **breast** cancer being considered for active therapy
☐ **Epilepsy** – pre-surgical localisation of epileptogenic focus where standard assessment inconclusive
☐ Ischaemic **heart disease** – prior to re-vascularisation surgery and standard viability tests are negative or equivocal
☐ **Infection**: please specify:
☐ **Inflammation** / vasculitis, IgG4 Disease

OR

^{18}F – FDG PET: STAGING RESTAGING / SURVEILLANCE

☐ Restaging of **colorectal** carcinoma in patients being considered for resection of limited liver or pulmonary metastases
☐ Restaging of **colorectal** carcinoma with structural suspicion of recurrence
☐ Restaging of **ovarian** cancer
☐ Further staging of **cervical** cancer with confirmed local recurrence
☐ **Brain** – primary tumour restaging recurrence or radiation necrosis
☐ Restaging of **head and neck** cancer
☐ Evaluation of residual mass after treatment of **lymphoma**
☐ Restaging of suspected recurrent or residual **lymphoma**
☐ To assess **lymphoma** response to second line chemotherapy when Stem Cell Tx is considered
☐ Metastatic **malignant melanoma** with potentially resectable disease
☐ Restaging of **sarcoma** following definitive therapy (excluding GIST)
☐ Evaluation of suspected recurrent or metastatic **breast** cancer being considered for active therapy

GALLIUM-68 PET

Gallium-68 Dotatate
☐ Staging suspected Gastroenteropancreatic tumour (GEPNET)
☐ Exclusion of Gastroenteropancreatic (GEPNET) metastases

Gallium-68 PSMA
☐ Staging prostate cancer
☐ Restaging prostate cancer

OTHER

☐ Other **tumour / indication** please specify:
☐ Other **PET scan** please specify:
☐ **Research trial**: please specify:

DIRECTORY OF SERVICES
SOUTH AUSTRALIA MEDICAL IMAGING

REGION	SITE NAME AND ADDRESS	TELEPHONE	FAX	X-ray	Dental / OPG	Ultrasound	Fluoroscopy	CT	MRI	Mammography	Angiography	Interventional Procedures	General Nuclear Medicine	PET CT	Bone Density	Breath Testing	Nuclear Medicine Therapy
CENTRAL	Royal Adelaide Hospital **Medical Imaging** Level 3C (Ground), 1 Port Road, Adelaide	(08) 7074 4020	(08) 7074 6136	●	●	●	●	●	●	●	●	●					
	Royal Adelaide Hospital **Nuclear Medicine** Level 2, Lift E - 1 Port Road, Adelaide	1300 724 319	(08) 7074 6122										●	●	●	●	●
	Women's and Children's Hospital **Medical Imaging** Level 2, Rogerson and Queen Victoria Buildings, 72 King William Rd, North Adelaide	(08) 8161 6055	(08) 8161 6333	●	●	●	●	●	●		●	●	●		●		●
NORTH	Lyell McEwin Hospital **Medical Imaging** 120 – 130 Haydown Rd, Elizabeth Vale	(08) 8182 9999	(08) 8182 9998	●	●	●	●	●	●	●	●	●					
	Lyell McEwin Hospital **Nuclear Medicine** 120 – 130 Haydown Rd, Elizabeth Vale	(08) 8182 9992	(08) 8282 1395										●		●		●
SOUTH	Flinders Medical Centre **Medical Imaging** Level 2 & Level 3, Flinders Drive, Bedford Park	(08) 7117 2555	(08) 8204 6193	●	●	●	●	●	●	●	●	●	●		●	●	●
	Repat Health Precinct **Medical Imaging** 216 Daws Road, Daw Park	(08) 7117 2500	(08) 7117 2525	●	●	●	●	●				●					
WEST	The Queen Elizabeth Hospital **Medical Imaging** Ground Floor, Main Building, 28 Woodville Road, Woodville South	(08) 8222 6894	(08) 8222 6040	●	●	●	●	●	●	●	●	●					
	QE Specialist Centre Unit 2, 35 Woodville Rd, Woodville South (opposite TQEH)	(08) 8222 6565	(08) 8222 6585	●		●		●				●	●				
	The Queen Elizabeth Hospital **Nuclear Medicine** Level 3, Area A, Main Building, 28 Woodville Road, Woodville South	(08) 8222 6431	(08) 8222 6038										●			●	●
COUNTRY	Murray Bridge Soldiers' Memorial Hospital 96 Swanport Road, Murray Bridge	(08) 8535 6740	(08) 8535 6741	●	●	●	●	●				●					
	Port Pirie Hospital The Terrace and Alexander Street, Port Pirie	(08) 8638 4519	(08) 8638 4368	●	●	●	●	●		●		●					
	Riverland General Hospital 10 Maddern Street, Berri	(08) 8580 2430	(08) 8580 2440	●	●	●	●	●		●		●					
	Clare Hospital 47 Farrell Flat Road, Clare	(08) 8842 6512	(08) 8842 3541	●		●											

Please note hours of operation vary across sites and some services may be available on weekends at selected sites.
Not all sites offer the full range of examinations for each service and you may be directed to another site when making your booking.

Patient preparation and instructions

Please inform our staff when booking your appointment if you:

Are claustrophobic, pregnant or breast feeding, have limited mobility or have difficult veins for injection.

If you are on medication, please continue taking it unless otherwise advised.

For Nuclear Medicine studies not listed, and all paediatric patients, procedure details will be explained by our staff when making your appointment.

MYOCARDIAL PERFUSION SCAN (MPS)

Most scans require 2 visits, up to 5 hours duration in total. Please do not have any caffeine (e.g. coffee, tea, cola, chocolate) for 24 hours prior to your appointment and dress appropriately for physical exercise. Please inform our staff when booking if you are taking beta blocker medication or you are asthmatic.

BONE SCAN

2 visits, 3–4 hours duration.

RENAL SCAN

1–2 hour duration
(3 hours if GFR requested).

Please come to your scan well hydrated.

PARATHYROID SCAN

2 visits, 3 hour duration in total.

THYROID SCAN

1 hour duration. Please check your medication status with our staff at time of booking and inform them if you have had a CT scan in the last 4 weeks.

GASTRIC EMPYTING SCAN

Up to 4 hours duration. Please do not have any food for 6 hours prior to the test and only plain water up to 2 hours prior to the test. Please check your medication status with our staff at the time of booking.

BILIARY SCAN

1-2 hour duration. Fast for 6 hours. Please hold opioid medications for 24 hours prior to the study.

LUNG (V/Q) SCAN

1 hour duration.

GATED BLOOD POOL SCAN (GBPS)

1 hour duration.

ALL PET SCANS

General information:

3 hour duration. Please come to your appointment well hydrated. 1–2 business days prior, your appointment and preparation will be confirmed with you by our staff.

FDG PET SCAN

Please do not have anything to eat or drink, except for plain water for 6 hours prior to your appointment. Please refrain from strenuous exercise and repetitive movement for 24 hours prior to your appointment. If you are diabetic please inform our staff when booking.

BONE DENSITY SCAN

30 minute duration. Please wear loose fitting clothing with no metal (in pockets or fasteners on clothing) around the lower abdomen, waist or hip.

ALL BREATH TESTS

General information:

Please do not have anything to eat and only plain water for 9 hours prior to the test.

UREA BREATH TEST

30 minute duration. Eradication therapy/antibiotics are to be ceased for a minimum of 4 weeks. Proton pump inhibitors are to be ceased for minimum 7 days. H_2 receptor antagonists are to be ceased for a minimum of 9 hours.

TRIOLEIN BREATH TEST

6 hour duration. If you take Creon medication please bring it with you to the appointment.

XYLOSE BREATH TEST

1 hour duration.

THERAPY

Procedure details will be explained by our staff when making your appointment.

Patient preparation details will be confirmed at the time of making an appointment.

sahealth.sa.gov.au/sami