

Patient Details

Date:

Name:

DOB:

Address:

Medicare No:

Serum Creatinine Level:

eGFR:

Diagnostic Request

☐ PET with Whole Body Diagnostic CT (Head, Chest, Abdo, Pelvis)☐ Plus Extremity (eg. Melanoma, Sarcoma, Myeloma, PUO, Vasculitis/Arteritis, Rheumatological or where limb involvement suspected)☐ PET with localised diagnostic CT (please tick region/s)☐ Head ☐ Neck ☐ Chest ☐ Abdo ☐ Pelvis ☐ Extremity☐ PET with Non-Diagnostic CT (attenuation correction) - No CT report issued☐ Primary/Suspected site _____☐ Histopathology

Reason for referral and clinical history

Additional Patient Information

- ☐
- Diabetic
-
- ☐
- Melanoma
-
- ☐
- Known renal Impairment
-
- ☐
- Previous contrast reaction
-
- ☐
- Public Hospital Outpatient

PET/CT Medicare rebateable studies are below. Please tick which items apply.

Lung

- ☐
- Solitary Pulmonary Nodule - Diagnosis (61523)
-
- ☐
- NSCLC - Staging (61529)

Brain

- ☐
- Brain - Restaging (61538)
-
- ☐
- Epilepsy - Evaluation (61559)
-
- ☐
- Alzheimer's - Diagnosis (61560)

Lymphoma

- ☐
- Staging (61620)
-
- ☐
- First Line Surveillance - during treatment (61622)
-
- ☐
- Second Line Surveillance (61632)
-
- ☐
- Restaging after recurrence (61628)

Head & Neck

- ☐
- Staging (61598)
-
- ☐
- Restaging (61604)
-
- ☐
- Metastatic SCC unknown primary - Staging (61610)

Breast

- ☐
- PET Breast - Stage III, Staging (61524)
-
- ☐
- PET Breast - Restaging (61525)

Melanoma

- ☐
- Restaging (61553)

Gynaecology

- ☐
- Ovarian - Restaging (61565)
-
- ☐
- Uterine Cervix - Staging (61571)
-
- ☐
- Uterine Cervix - Restaging (61575)

Sarcoma

- ☐
- Bone or Soft Tissue Sarcoma - Staging (61640)
-
- ☐
- Sarcoma - Restaging (61646)

Gastrointestinal

- ☐
- Colorectal - Restaging (61541)
-
- ☐
- Oesophageal/GOJ - Staging (61577)
-
- ☐
- Gastroenteropancreatic NET - Diagnosis - DOTA Peptide PET (61647)

Prostate

- ☐
- PSMA Intermediate to high-risk, staging (61563)
-
- ☐
- PSMA Restaging (61564)

Typically FDG-avid cancers

- ☐
- Initial Staging (61612)
-
- ☐
- Following initial therapy (61614)

Follow-up appointment with Referring Doctor:

Referring Practitioner's Details

Practitioner's Name:

Address:

Signature: _____

Copy to: _____

Thank you for referring your patient to Queensland X-Ray.

Queensland X-Ray Internal Use Only

Medical Imaging Final Check

Yes No

- | | | |
|---------------------------------|--------------------------|--------------------------|
| Pregnant | ☐ | ☐ |
| Front Office Check | ☐ | |
| Patient Identification verified | ☐ | |
| Procedure and consent verified | ☐ | |
| Correct side and site verified | ☐ | |

Correct patient data and side markers

Tech initials: _____

Team leader signature: _____



MEDICARE CRITERIA

- 61523 Whole body FDG PET study, performed for evaluation of a solitary pulmonary nodule where the lesion is considered unsuitable for transthoracic fine needle aspiration biopsy, or for which an attempt at pathological characterisation has failed (R).
- 61524 Whole body FDG PET study, performed for the staging of locally advanced (Stage III) breast cancer, for a patient who is considered suitable for active therapy (R) (Anaes.)
- 61525 Whole body FDG PET study, performed for the evaluation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma, for a patient who is considered suitable for active therapy (R) (Anaes.)
- 61529 Whole body FDG PET study, performed for the staging of proven non-small cell lung cancer, where curative surgery or radiotherapy is planned (R).
- 61538 FDG PET study of the brain for evaluation of suspected residual or recurrent malignant brain tumour based on anatomical imaging findings, after definitive therapy (or during ongoing chemotherapy) in patients who are considered suitable for further active therapy (R).
- 61541 Whole body FDG PET study, following initial therapy, for the evaluation of suspected residual, metastatic or recurrent colorectal carcinoma in patients considered suitable for active therapy (R).
- 61553 Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected metastatic or recurrent malignant melanoma in patients considered suitable for active therapy (R).
- 61559 FDG PET study of the brain, performed for the evaluation of refractory epilepsy which is being evaluated for surgery (R).
- 61560 FDG PET study of the brain, performed for the diagnosis of Alzheimer's disease, if: (a) clinical evaluation of the patient by a specialist, or in consultation with a specialist, is equivocal; and (b) the service includes a quantitative comparison of the results of the study with the results of an FDG PET study of a normal brain from a reference database; and (c) a service to which this item applies has not been performed on the patient in the previous 12 months; and (d) a service to which item 61402 applies has not been performed on the patient in the previous 12 months for the diagnosis or management of Alzheimer's disease. Applicable not more than 3 times per lifetime (R).
- 61563 Whole body PSMA PET study performed for the initial staging of intermediate to high-risk prostate adenocarcinoma, for a previously untreated patient who is considered suitable for locoregional therapy with curative intent.
- 61564 Whole body PSMA PET study performed for the restaging of recurrent prostate adenocarcinoma, for a patient who has undergone prior locoregional therapy and is considered suitable for further locoregional therapy to determine appropriate therapeutic pathways and timing of treatment initiation.
- 61565 Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent ovarian carcinoma in patients considered suitable for active therapy (R).
- 61571 Whole body FDG PET study, for the further primary staging of patients with histologically proven carcinoma of the uterine cervix, at FIGO stage IB2 or greater by conventional staging, prior to planned radical radiation therapy or combined modality therapy with curative intent (R).
- 61575 Whole body FDG PET study, for the further staging of patients with confirmed local recurrence of carcinoma of the uterine cervix considered suitable for salvage pelvic chemoradiotherapy or pelvic exenteration with curative intent (R).
- 61577 Whole body FDG PET study, performed for the staging of proven oesophageal or GEJ carcinoma, in patients considered suitable for active therapy (R).
- 61598 Whole body FDG PET study performed for the staging of biopsy-proven newly diagnosed or recurrent head and neck cancer (R).
- 61604 Whole body FDG PET study performed for the evaluation of patients with suspected residual head and neck cancer after definitive treatment, and who are suitable for active therapy (R).
- 61610 Whole body FDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R).
- 61612 Whole body FDG PET study for the initial staging of cancer, for a patient who is considered suitable for active therapy, if:
(a) the cancer is a typically FDG-avid cancer; and
(b) there is at least 10% likelihood that a PET study result will inform a significant change in management for the patient
- 61614 Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent cancer in a patient who is undergoing, or is suitable for, active therapy, if the cancer is a typically FDG-avid cancer (R)
- 61620 Whole body FDG PET study for the initial staging of newly diagnosed or previously untreated Hodgkin or non-Hodgkin lymphoma (R).
- 61622 Whole body FDG PET study to assess response to first line therapy either during treatment or within three months of completing definitive first line treatment for Hodgkin or non-Hodgkin lymphoma (R).
- 61628 Whole body FDG PET study for restaging following confirmation of recurrence of Hodgkin or non-Hodgkin lymphoma (R).
- 61632 Whole body FDG PET study to assess response to second-line chemotherapy if haemopoietic stem cell transplantation is being considered for Hodgkin or non-Hodgkin lymphoma (R).
- 61640 Whole body FDG PET study for initial staging of patients with biopsy-proven bone or soft tissue sarcoma (excluding gastrointestinal stromal tumour) considered by conventional staging to be potentially curable (R).
- 61646 Whole body FDG PET study for the evaluation of patients with suspected residual or recurrent sarcoma (excluding gastrointestinal stromal tumour) after the initial course of definitive therapy to determine suitability for subsequent therapy with curative intent (R).
- 61647 Whole body 68Ga DOTA peptide PET study, if:
(a) a gastro entero pancreatic neuroendocrine tumour is suspected on the basis of biochemical evidence with negative or equivocal conventional imaging; or
(b) both:
(i) a surgically amenable gastro entero pancreatic neuroendocrine tumour has been identified on the basis of conventional techniques; and
(ii) the study is for excluding additional disease sites (R).

BAYSIDE (OPPOSITE REDLAND HOSPITAL)

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GOLD COAST LUMINA NEW LOCATION

RDX Lumina, Ground Floor, 23 Nexus Way, Southport

email: gclumina@qldxray.com.au

Ph: 5503 4000
Fax: 5503 4001

MATER BRISBANE PET/CT

Level 3, Mater Private Medical Ctre, 293 Vulture Street, South Brisbane

Ph: 3840 6222
Fax: 3844 6203

GREENSLOPES PET/CT

Greenslopes Private Hospital, Lower Ground Level, Newdegate Street, Greenslopes

Ph: 3727 7320
Fax: 3727 7333

TARINGA PET/CT

Level 4 Basement, Westside Private Hospital, 32 Morrow Street, Taringa

email: petqxr@qldxray.com.au

Ph: 3721 5300
Fax: 3721 5380

MOUNT GRAVATT

1437 Logan Road (access via Gowrie Street), Mount Gravatt

Ph: 3347 0400
Fax: 3347 0401

ST ANDREW'S HOSPITAL TOOWOOMBA

Building 2, 280 North Street, Toowoomba

email: qxr.petcttoowoomba@qldxray.com.au

Ph: 1300 770 151
Fax: 1300 023 191

SOUTH TOOWOOMBA

677 Ruthven Street, South Toowoomba

MATER PRIVATE HOSPITAL – HYDE PARK

Ground Floor, 9-13 Bayswater Road, Hyde Park, Townsville

email: townsville@qldxray.com.au

Ph: 4759 2800
Fax: 4721 4561

CAIRNS PET/CT

318 Mulgrave Road, Cairns

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For more information, please visit qldxray.com.au/patients/online-access-patient-portal

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