PET/CT Request form / Referral



Date:		Additional Patient Information
Name:	DOB:	Diabetic
Address:		Melanoma
		Known renal Impairment
Medicare No:		 Previous contrast reaction Public Hospital Outpatient
	050	
Serum Creatinine Level:	eGFR:	
Indication		
Diagnose	Restage	RT Planning
Stage	Monitor	Clinical Trial
Other		
PET/CT All PETCT scans include relevant	diagnostic CT 🛛 opt out, low dose CTAC	
AITEICI Scalls include relevant		only
Primary/Suspected site		
Histopathology		
Medicare rebateable studies are belo	ow. Please tick which items apply.	PLEASE NOTE: This form is to be presented at time of appointment with any previous films
Medicare rebateable studies are belo	ow. Please tick which items apply. Head & Neck	
	Head & Neck	time of appointment with any previous films
Lung 61523 Solitary Pulmomary Nodule -	Head & Neck 61598 Staging 61604 Restaging 	time of appointment with any previous films Sarcoma 61640 Bone or Soft Tissue Sarcoma -
Lung G1523 Solitary Pulmomary Nodule - Diagnosis	Head & Neck	time of appointment with any previous films Sarcoma Gl640 Bone or Soft Tissue Sarcoma - Staging
Lung 61523 Solitary Pulmomary Nodule - Diagnosis 61529 NSCLC - Staging	Head & Neck 61598 Staging 61604 Restaging 61610 Metastatic SCC unknown 	time of appointment with any previous films Sarcoma 61640 Bone or Soft Tissue Sarcoma - Staging 61646 Sarcoma - Restaging
Lung 61523 Solitary Pulmomary Nodule - Diagnosis 61529 NSCLC - Staging Brain	Head & Neck 61598 Staging 61604 Restaging 61610 Metastatic SCC unknown primary - Staging 	time of appointment with any previous films Sarcoma G1640 Bone or Soft Tissue Sarcoma - Staging G1646 Sarcoma - Restaging Gastrointestinal
Lung 61523 Solitary Pulmomary Nodule - Diagnosis 61529 NSCLC - Staging Brain 61538 Brain - Restaging	Head & Neck 61598 Staging 61604 Restaging 61610 Metastatic SCC unknown primary - Staging Breast	time of appointment with any previous films Sarcoma Gl640 Bone or Soft Tissue Sarcoma - Staging Gl646 Sarcoma - Restaging Gastrointestinal Gl541 Colorectal - Restaging Gl577 Oesophageal/COJ - Staging Gl647 Gastroenteropancreatic NET -
Lung 61523 Solitary Pulmomary Nodule - Diagnosis 61529 NSCLC - Staging Brain 61538 Brain - Restaging 61559 Epilepsy - Evaluation	Head & Neck 61598 Staging 61604 Restaging 61610 Metastatic SCC unknown primary - Staging Breast 61524 PET Breast - Stage III, Staging 	time of appointment with any previous films Sarcoma Gl640 Bone or Soft Tissue Sarcoma - Staging Gl646 Sarcoma - Restaging Gastrointestinal Gl541 Colorectal - Restaging Gl577 Oesophageal/GOJ - Staging Gl647 Gastroenteropancreatic NET - Diagnosis - DOTA Peptide PET
Lung G1523 Solitary Pulmomary Nodule - Diagnosis G1529 NSCLC - Staging Brain G1538 Brain - Restaging G1559 Epilepsy - Evaluation G1560 Alzheimer's - Diagnosis	Head & Neck 61598 Staging 61604 Restaging 61610 Metastatic SCC unknown primary - Staging Breast 61524 PET Breast - Stage III, Staging 61525 PET Breast - Restaging 	time of appointment with any previous films Sarcoma Gl640 Bone or Soft Tissue Sarcoma - Staging Gastrointestinal Gl541 Colorectal - Restaging Gl577 Oesophageal/GOJ - Staging Gl647 Gastroenteropancreatic NET - Diagnosis - DOTA Peptide PET Prostate
Lung Calify Solitary Pulmomary Nodule - Diagnosis Calify SCLC - Staging Brain Calify Solitary Pulmomary Brain Calify Solitary Calify S	Head & Neck	time of appointment with any previous films Sarcoma Gl640 Bone or Soft Tissue Sarcoma - Staging Gl646 Sarcoma - Restaging Gastrointestinal Gl541 Colorectal - Restaging Gl577 Oesophageal/GOJ - Staging Gl647 Gastroenteropancreatic NET - Diagnosis - DOTA Peptide PET
Lung 61523 Solitary Pulmomary Nodule - Diagnosis 61529 NSCLC - Staging Brain 61538 Brain - Restaging 61559 Epilepsy - Evaluation 61560 Alzheimer's - Diagnosis Lymphoma 61620 Staging 61622 First Line Surveillance - during	Head & Neck 61598 Staging 61604 Restaging 61610 Metastatic SCC unknown primary - Staging Breast 61524 PET Breast - Stage III, Staging 61525 PET Breast - Restaging Melanoma 61553 Restaging 	time of appointment with any previous films Sarcoma Gl640 Bone or Soft Tissue Sarcoma - Staging Gastrointestinal Gl541 Colorectal - Restaging Gl577 Oesophageal/GOJ - Staging Gl647 Gastroenteropancreatic NET - Diagnosis - DOTA Peptide PET Prostate Gl563 PSMA Intermediate to
Lung 61523 Solitary Pulmomary Nodule - Diagnosis 61529 NSCLC - Staging Brain 61538 Brain - Restaging 61559 Epilepsy - Evaluation 61560 Alzheimer's - Diagnosis Lymphoma 61620 Staging 61622 First Line Surveillance - during treatment	Head & Neck 61598 Staging 61604 Restaging 61610 Metastatic SCC unknown primary - Staging Breast 61524 PET Breast - Stage III, Staging 61525 PET Breast - Restaging Melanoma 61553 Restaging Gynaecology 	time of appointment with any previous films Sarcoma Global Sarcoma - Staging Global Sarcoma - Restaging Gastrointestinal Global Colorectal - Restaging Globa
Lung 61523 Solitary Pulmomary Nodule - Diagnosis 61529 NSCLC - Staging Brain 61538 Brain - Restaging 61559 Epilepsy - Evaluation 61560 Alzheimer's - Diagnosis Lymphoma 61620 Staging 61622 First Line Surveillance - during treatment 61632 Second Line Surveillance	Head & Neck 61598 Staging 61604 Restaging 61610 Metastatic SCC unknown primary - Staging Breast 61524 PET Breast - Stage III, Staging 61525 PET Breast - Restaging Melanoma 61553 Restaging Gynaecology 61565 Ovarian - Restaging 	time of appointment with any previous films Sarcoma 61640 Bone or Soft Tissue Sarcoma - Staging 61646 Sarcoma - Restaging Gastrointestinal 61541 Colorectal - Restaging 61577 Oesophageal/GOJ - Staging 61647 Gastroenteropancreatic NET - Diagnosis - DOTA Peptide PET Prostate 61563 PSMA Intermediate to high-risk, staging 61564 PSMA Restaging

Follow-up appointment with Referring Doctor: Practitioner's Name: **Referring Practitioner's Details** Address: Signature: Copy to: Thank you for referring your patient to Queensland X-Ray.

Internal Use Only 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:

qldxray.com.au

Patient Details

Diagnostic Request



qldxray.com.au

MATER BRISBANE PET/CT Level 3, Mater Private Medical Ctre, 293 Vulture Street, South Brisbane		Ph: 3840 6200 Fax: 3844 6203
GREENSLOPES PET/CT Greenslopes Private Hospital, Lower Ground Level, Newdegate Street, Greenslopes	email: petqxr@qldxray.com.au	Ph: 3421 0444 Fax: 3727 7333
TARINGA PET/CT Level 4 Basement, Westside Private Hospital, 32 Morrow Street, Taringa		Ph: 3721 5300 Fax: 3721 5380
ST. ANDREW'S HOSPITAL TOOWOOMBA Building 2, 280 North Street, Toowoomba	email: qxr.petcttoowoomba@qldxray.com.au	Ph: 4633 6828 Fax: 4633 6814
MATER PRIVATE HOSPITAL – HYDE PARK Ground Floor, 9-13 Bayswater Road, Hyde Park, Townsville	email: townsville@qldxray.com.au	Ph: 4759 2800 Fax: 4775 6460
CAIRNS PET/CT 818 Mulgrave Road, Cairns	email: petctcairns@qldxray.com.au	Ph: 40467800 Fax: 40513028

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
61524	biopsy, or for which an attempt at pathological characterisation has failed (R). 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 FDC PET study, performed for the valuation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma, for a patient who is
	considered suitable for active therapy (R) (Anaes.)
	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
61541	during ongoing chemotherapy) in patients who are considered suitable for further active therapy (R). Whole body FDG PET study, following initial therapy, for the evaluation of suspected residual, metastatic or recurrent colorectal carcinoma in patients considered
01341	whole body PDG PET study, following initial derapy, for the evaluation of suspected residual, metastatic of recurrent coorectal carcinoma in patients considered suitable for active therapy (R).
61553	Whole body FDC 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	
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 this term applies has not been performed on the patient in the periods in thomas, and
	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	
61565	considered suitable for further locoregional therapy to determine appropriate therapeutic pathways and timing of treatment initiation. Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent ovarian carcinoma in patients
01000	considered suitable for active therapy (R).
61571	Whole body FDC 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
(1577	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). Whole body FDG PET study performed for the staging of biopsy-proven newly diagnosed or recurrent head and neck cancer (R).
61604	Whole body IDG 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).
	Whole body FDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R).
	Whole body FDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R). Whole body FDG PET study for the initial staging of eligible cancer types, for a patient who is considered suitable for active therapy, if:
	Whole body FDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R). Whole body FDG PET study for the initial staging of eligible cancer types, for a patient who is considered suitable for active therapy, if: (a) the eligible cancer type is:
	Whole body FDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R). Whole body FDG PET study for the initial staging of eligible cancer types, for a patient who is considered suitable for active therapy, if: (a) the eligible cancer type is: (i) a rare or uncommon cancer (less than 12 cases per 100,000 persons per year); and
	Whole body FDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R). Whole body FDG PET study for the initial staging of eligible cancer types, for a patient who is considered suitable for active therapy, if: (a) the eligible cancer type is: (i) a rare or uncommon cancer (less than 12 cases per 100,000 persons per year); and (ii) a typically FDG-wide cancer; and
61612	Whole body FDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R). Whole body FDG PET study for the initial staging of eligible cancer types, for a patient who is considered suitable for active therapy, if: (a) the eligible cancer type is: (i) a rare or uncommon cancer (less than 12 cases per 100,000 persons per year); and
61612	Whole body FDC PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R). Whole body FDC PET study for the initial staging of eligible cancer types, for a patient who is considered suitable for active therapy, if: (a) the eligible cancer type is: (i) a rare or uncommon cancer (less than 12 cases per 100,000 persons per year); and (ii) a typically FDC-avid cancer; and (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient. (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient. (b) there DC PET study for the initial staging of newly diagnosed or previously untreated Hodgkin or non-Hodgkin lymphoma (R).
61612 61620 61622	Whole body FDC PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R). Whole body FDC PET study for the initial staging of eligible cancer types, for a patient who is considered suitable for active therapy, if: (a) the eligible cancer type is: (i) a rare or uncommon cancer (less than 12 cases per 100,000 persons per year); and (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) bedy FDC PET study for the initial staging of newly diagnosed or previously untreated Hodgkin or non-Hodgkin lymphoma (R). Whole body FDC PET study to assess response to first line therapy either during treatment or within three months of completing definitive first line treatment for Hodgkin nor non-Hodgkin lymphoma (R).
61612 61620 61622 61628	Whole body FDC PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R). Whole body FDC PET study for the initial staging of eligible cancer types, for a patient who is considered suitable for active therapy, if: (a) the eligible cancer type is: (i) a rare or uncommon cancer (less than 12 cases per 100,000 persons per year); and (ii) a typically FDC-avid cancer; and (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihoom (R). (c) 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).
61612 61620 61622 61628	Whole body FDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R). Whole body FDG PET study for the initial staging of eligible cancer types, for a patient who is considered suitable for active therapy, if: (a) the eligible cancer type is: (i) a rare or uncommon cancer (less than 12 cases per 100,000 persons per year); and (ii) a typically FDG-avid cancer; and (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood may the bright of the 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). (b) be body FDG PET study to assess response to second-line cherotherapy if haemopoietic stem cell transplantation is being considered for Hodgkin or non-Hodgkin lymphoma (R).
61612 61620 61622 61628 61632	Whole body 'PIO' PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R). Whole body PEO PET study for the initial staging of eligible cancer types, for a patient who is considered suitable for active therapy, if: (a) the eligible cancer type is: (i) a rare or uncommon cancer (less than 12 cases per 100,000 persons per year); and (ii) a typically PEO -avid cancer; and (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study or previously untreated Hodgkin or non-Hodgkin lymphoma (R). (b) 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). (b) 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 or
61612 61620 61622 61628 61632 61640	Whole body PDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R). Whole body PDG PET study for the initial staging of eligible cancer types, for a patient who is considered suitable for active therapy, if: (a) the eligible cancer type is: (i) a rare or uncommon cancer (less than 12 cases per 100,000 persons per year); and (ii) a typically PDG -wid cancer; and (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient Whole body PDG PET study for the initial staging of newly diagnosed or previously untreated Hodgkin or non-Hodgkin lymphoma (R). Whole body PDG PET study for the initial staging of newly diagnosed or previously untreated Hodgkin or non-Hodgkin lymphoma (R). Whole body PDG 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). Whole body PDG PET study to assess response to second-line chemotherapy if haemopoietic stem cell transplantation is being considered for Hodgkin or non-Hodgkin lymphoma (R). Whole body PDG PET study to assess response to second-line chemotherapy if haemopoietic stem cell transplantation is being considered for Hodgkin or non-Hodgkin lymphoma (R). Whole body PDG PET study to assess response to second-line chemotherapy if haemopoietic stem cell transplantation is being considered for Hodgkin or non-Hodgkin lymphoma (R). Whole body PDG PET study for initial staging of patien
61612 61620 61622 61628 61632 61640	Whole body FDC PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R). Whole body FDC PET study for the initial staging of eligible cancer types, for a patient who is considered suitable for active therapy, if: (a) the eligible cancer type is: (i) a rare or uncommon cancer (less than 12 cases per 100,000 persons per year); and (ii) a typically FDC-avid cancer; and (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study classes response to first line therapy either during treatment or within three months of completing definitive first line treatment for Holdgkin or non-Hodgkin lymphoma (R). (b) the body FDG PET study to assess response to second-line chemotherapy if haemopoietic stem cell transplantation is being considered for Hodgkin or non-Hodgkin PT 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). (b) the body FDG PET study for the evaluation
61612 61620 61622 61628 61632 61640 61646	Whole body PDC PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R). Whole body PDC PET study for the initial staging of eligible cancer types, for a patient who is considered suitable for active therapy, if: (a) the eligible cancer type is: (i) a rare or uncommon cancer (less than 12 cases per 100,000 persons per year); and (ii) a typically PDC avid cancer; and (ii) typically PDC avid cancer; and (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient Whole body PDC PET study for the initial staging of newly diagnosed or previously untreated Hodgkin or non-Hodgkin lymphoma (R). Whole body PDC 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). Whole body PDC PET study for restaging following confirmation of recurrence of Hodgkin or non-Hodgkin lymphoma (R). Whole body PDC 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). Whole body PDC PET study for initial staging of patients with suspected residual or recurrent sarcoma (excluding gastrointestinal stromal tumour) considered by conventional staging to be potentially curable (R). Whole body PDC PET study for the initial stome or patients with suspected residual or recurrent sarcoma (excluding gastrointestinal stromal tumour) after the initial co
61612 61620 61622 61628 61632 61640 61646	Whole body FDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R). Whole body PDG PET study for the initial staging of eligible cancer types, for a patient who is considered suitable for active therapy, if: (a) the eligible cancer type is: (i) a rare or uncommon cancer (less than 12 cases per 100,000 persons per year); and (ii) a typically FDG-avid cancer; and (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient Whole body FDG PET study for the initial staging of newly diagnosed or previously untreated Hodgkin or non-Hodgkin lymphoma (R). Whole body FDG PET study for restinging following confirmation of recurrence of Hodgkin or non-Hodgkin lymphoma (R). Whole body FDG PET study for restaging following confirmation of recurrence of Hodgkin or non-Hodgkin lymphoma (R). Whole body FDG PET study for restaging following confirmation of recurrence of Hodgkin or non-Hodgkin lymphoma (R). Whole body FDG PET study for restaging following confirmation of recurrence or soft tissue sarcoma (excluding gastrointestinal stromal tumour) considered by conventional staging to be potentially carable (R). 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). Whole body FDG PET study for the evaluation of patients with suspected residual or recurrent sarcoma (excluding gastrointestinal stromal
61612 61620 61622 61628 61632 61640 61646	Whole body FDC PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R). Whole body FDC PET study for the initial staging of eligible cancer types, for a patient who is considered suitable for active therapy, if: (a) the eligible cancer type is: (i) a rare or uncommon cancer (less than 12 cases per 100,000 persons per year); and (ii) a typically FDC avid cancer; and (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study (or 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). (b) Hole body FDC 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). (b) Hole body FDC 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 s
61612 61620 61622 61628 61632 61640 61646	Whole body FDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R). Whole body PDG PET study for the initial staging of eligible cancer types, for a patient who is considered suitable for active therapy, if: (a) the eligible cancer type is: (i) a rare or uncommon cancer (less than 12 cases per 100,000 persons per year); and (ii) a typically FDG-avid cancer; and (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient Whole body FDG PET study for the initial staging of newly diagnosed or previously untreated Hodgkin or non-Hodgkin lymphoma (R). Whole body FDG PET study for restinging following confirmation of recurrence of Hodgkin or non-Hodgkin lymphoma (R). Whole body FDG PET study for restaging following confirmation of recurrence of Hodgkin or non-Hodgkin lymphoma (R). Whole body FDG PET study for restaging following confirmation of recurrence of Hodgkin or non-Hodgkin lymphoma (R). Whole body FDG PET study for restaging following confirmation of recurrence or soft tissue sarcoma (excluding gastrointestinal stromal tumour) considered by conventional staging to be potentially carable (R). 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). Whole body FDG PET study for the evaluation of patients with suspected residual or recurrent sarcoma (excluding gastrointestinal stromal
61612 61620 61622 61628 61632 61640 61646 61647	 Whole body PDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R). Whole body PDG PET study for the initial staging of eligible cancer types, for a patient who is considered suitable for active therapy, if: (a) the eligible cancer type is: (i) a rare or uncommon cancer (less than 12 cases per 100,000 persons per year); and (ii) a typically PDG -study for the initial staging of new year is and (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study result will unform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study result will unform a significant change in management for the patient (b) there is at least a 10% likelihood that the PET study result will applicate or previously untreated Hodgkin or non-Hodgkin lymphoma (R). (b) Whole body PDG PET study for restaging following confirmation of recurrence of Hodgkin or non-Hodgkin lymphoma (R). (b) Whole body PDG 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 cruable (R). (b) Whole body PDG PET study for initial staging 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). (b) Whole body PDG PET study for the availability for subsequent therapy with curative intent (R). (c) Whole body PDG PET study for the availability for subsequent therapy wi
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