

DOTATATE PET/CT REQUISITION

Molecular Imaging and Therapy – Vancouver

PET Reception: (604) 707-5951

PET Fax: (604) 877-6245

Current Date: _____

Referring Physician: _____

Phone: _____

Fax: _____

For Department use only

Scan Date: _____ Time: _____

Indication #: _____

Priority: 1A ☐ 1B ☐ 2 ☐ 3 ☐ Specify Date: _____

Details: _____

Routine ☐ H/N ☐ TB ☐ Other: _____

Date: _____ PET Dr. Initial: _____

Important Patient Information:

Name: _____ Preferred Name: _____

Surname

First

Middle

DOB: D ____ M ____ Y ____

PHN: _____

Height: _____

Home Address: _____

Weight: _____ (kg / lb)

Home Phone: () _____ Work: () _____ Mobile: () _____

Family Physician: _____ Phone: _____

Patient Mobility: Ambulatory ☐ Wheelchair ☐ Stretcher ☐

Indication for DOTATATE PET/CT Imaging (select one or more criteria below (1 - 7)):

- ☐ 1. To identify primary tumor when clinical suspicion of NET, unable to biopsy and conventional imaging equivocal
- ☐ 2. Initial staging of NET
- ☐ 3. Re-staging when de-bulking surgery or local directed therapy is being considered
- ☐ 4. F/U conventional imaging negative/equivocal at time of clinical and/or biochemical progression and would influence management
- ☐ 5. Assessment of potential candidates for SSTR-targeted PRRT
- ☐ 6. Assessment of other SSTR-expressing tumours: including Medullary Thyroid Ca and for staging and assessment of Pheochromocytoma and Paraganglioma
- ☐ 7. Problem-solving in pts with NET/SSTR-expressing tumours when confirmation of disease extent may impact clinical management - requires case by case review.

Notes:

Essential Information

Does patient require an interpreter? Y ☐ N ☐ Language: _____

Does patient have any drug allergies? Y ☐ N ☐ _____

Doctor's Signature: _____ MSP No: _____

Additional Copies of Report to: _____