Request form / Referral



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Address:			
Medicare No		Serum Creatinine Level:	eGFR:
Reason for r	eferral and clinical history		
	PET/CT Med	dicare rebateable studies are below. Please tick whi	ich items apply.
Indication			Additional Patient Information
□ Diagnose	☐ Restage	□ RT Planning	☐ Diabetic
Chases			
□ Stage	☐ Monitor	☐ Clinical Trial	☐ Melanoma ☐ Known renal Impairment
□ Other	☐ Monitor	□ Clinical Irial	Known renal ImpairmentPrevious contrast reaction
Other	□ Monitor PETCT scans include relevant diagnostic CT □		 Known renal Impairment
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PET/CT All Primary/Su: Histopatho Lung 61523 Solitar	PETCT scans include relevant diagnostic CT spected site ogy y Pulmomary Nodule - Diagnosis	□ opt out, low dose CTAC only Head & Neck □ 61598 Staging	 □ Known renal Impairment □ Previous contrast reaction □ Public Hospital Outpatient
PET/CT All Primary/Su: Histopatho Lung	PETCT scans include relevant diagnostic CT spected site ogy y Pulmomary Nodule - Diagnosis - Staging	□ opt out, low dose CTAC only Head & Neck □ 61598 Staging □ 61604 Restaging	Sarcoma 61640 Bone or Soft Tissue Sarcoma - Staging 61646 Sarcoma - Restaging
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Thank you for referring your patient to Queensland X-ray.



MEDICARE CRITERIA

- 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 61523 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.)
- 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).
- 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).
- 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).
- FDG PET study of the brain, performed for the evaluation of refractory epilepsy which is being evaluated for surgery (R). 61559
- 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 6/1402 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).
- 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.
- 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)
- $Whole \ body \ FDG \ PET \ study, for the further primary staging \ of patients \ with \ histologically \ proven \ carcinoma \ of the \ uterine \ cervix, \ at \ FIGO \ stage \ IB2 \ or \ greater \ by \ conventional \ staging, \ prior \ to \ proven \ carcinoma \ of \ the \ uterine \ cervix, \ at \ FIGO \ stage \ IB2 \ or \ greater \ by \ conventional \ staging, \ prior \ to \ proven \ carcinoma \ of \ the \ uterine \ cervix, \ at \ FIGO \ stage \ IB2 \ or \ greater \ by \ conventional \ staging, \ prior \ to \ proven \ carcinoma \ of \ the \ uterine \ cervix, \ at \ FIGO \ stage \ IB2 \ or \ greater \ by \ conventional \ staging, \ prior \ to \ proven \ cervix, \ at \ FIGO \ stage \ IB2 \ or \ greater \ by \ conventional \ staging, \ prior \ to \ proven \ cervix, \ at \ FIGO \ stage \ IB2 \ or \ greater \ by \ conventional \ staging, \ prior \ to \ proven \ cervix, \ at \ FIGO \ stage \ IB2 \ or \ greater \ by \ conventional \ staging, \ prior \ to \ proven \ cervix, \ at \ FIGO \ stage \ IB2 \ or \ greater \ by \ conventional \ staging, \ prior \ to \ proven \ cervix, \ at \ proven \ cervix,$ 61571 planned radical radiation therapy or combined modality therapy with curative intent (R)
- 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).
- 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).
- 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:
 - 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, 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 61614
 - (a) a rare or uncommon cancer (less than 12 cases per 100,000 persons per year); and
- 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 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 FDG PET study for restaging following confirmation of recurrence of Hodgkin or non-Hodgkin lymphoma (R)
- $61632 \quad \text{Whole body FDG PET study to assess response to second-line chemotherapy if haemopoietic stem cell transplantation is being considered for Hodgkin or non-Hodgkin lymphoma (R).}$
- 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).
- 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).
- (a) a gastro entero pancreatic neuroendocrine tumour is suspected on the basis of biochemical evidence with negative or equivocal conventional imaging; or (b) both:
- - 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)

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	slopes Private Hospital, Lower Ground Level, Newdegate Street, Greenslopes GA PET/CT email: petqxr@qldxray.com.au	
TARINGA PET/CT Level 4 Basement, Westside Private Hospital, 32 Morrow Street, Taringa		
MOUNT GRAVATT NEW LOCATION 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		Ph: 1300 770 151 Fax: 4633 6814
SOUTH TOOWOOMBA 677 Ruthven Street, South Toowoomba	email: qxr.petcttoowoomba@qldxray.com.au	Ph: 4659 4000 Fax: 4659 4088
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	email: petctcairns@qldxray.com.au	Ph: 4046 7800 Fax: 4051 3028

Access your images and results online.

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

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