Request form / Referral

Queensland X-Ray
PET/CT Centre

Patient Details

Date:

Name: DOB:

Address:

Medicare No: Serum Creatinine Level: eGFR:

Diagnostic Request

Reason for referral and clinical history

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

Indication

- ☐ Diagnose
- ☐ Stage
- ☐ Other _____
- ☐ Restage
- ☐ Monitor
- ☐ RT Planning
- ☐ Clinical Trial

Additional Patient Information

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

PET/CT

All PETCT scans include relevant diagnostic CT ☐ opt out, low dose CTAC only

- ☐ Primary/Suspected site _____
- ☐ Histopathology _____

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
- ☐ 61628 Restaging after recurrence

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
- ☐ 61571 Uterine Cervix - Staging
- ☐ 61575 Uterine Cervix - Restaging

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

Rare or uncommon Cancer
- ☐ 61612 Initial Staging

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: _____

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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 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
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).

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Access your images and results online.
For more information, please visit https://www.qldxray.com.au/patients/online-access-patient-portal

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Your doctor has recommended you use Queensland X-ray. You may choose another provider but please discuss this with your doctor first.

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