

Amyloid PET Requisition to PET Centre

TO BE COMPLETED BY THE REFERRING PHYSICIAN

The following indications are part of the Ontario PET Registry. Completion of both pre- and post-PET scan forms will provide vital data to build evidence for the use of Amyloid PET for dementia. Please accurately complete both the pre- and post-PET scan forms.

Fax Instructions

Fax the completed request form, (pages 1, 2 & 3), along with the required supporting documentation, to the PET Centre of choice for appointment.

- | | Fax no. |
|-----------------------------------------------------|----------------|
| • Mississauga – KMH Cardiology & Diagnostic Centres | (905) 855-1863 |
| • Mississauga – WELL Health Diagnostics Centre | (800) 416-9840 |
| • Ottawa – Ottawa General | (613) 737-8752 |
| • Toronto – University Health Network | (416) 946-2144 |
| • Toronto – Sunnybrook Health Sciences Centre | (416) 480-5218 |

The following documents must be attached to this requisition:

(confirm the required supporting documentation is attached by checking both boxes below)

- Relevant Imaging Studies (specified as completed in Section C)
- Completed Amyloid Registry Pre-PET Patient Questionnaire

Patient Demographics:

Patient Name: _____
SURNAME FIRST NAME MIDDLE

OHIP Number: _____

Telephone: () _____ **Postal Code:** _____

Date of birth: ____ / ____ / ____
YYYY MM DD

Referring Physician Information:

Referring Physician Name: _____ **CPSO No:** _____

Physician Phone: () _____ **ext.** _____ **Fax:** () _____

Physician Email: _____

Physician Specialty: Neurologist Geriatrician Geriatric Psychiatrist MINT Clinic Physician

By checking this box, the referring physician confirms this patient meets all the following criteria:

- Has a diagnosis of MCI or dementia, according to DSM IV and/or National Institutes of Aging Alzheimer's Association criteria, verified by a dementia specialist (including neurologist, geriatrician, geriatric psychiatrist, primary care physician in memory clinic) within 24 months; **AND**
- Alzheimer's disease is a diagnostic consideration; **AND**
- Knowledge of amyloid PET status is expected to alter diagnosis & management; **AND**
- Structural brain (CT/MRI) imaging was completed within the past 48 months; **AND**
- A clinical laboratory assessment, showing no correctable causes, has been completed within the past 12 months
(Minimum: CBC, standard blood chemistry profile including electrolytes, glucose, calcium, renal & liver function, TSH, and vitamin B12)

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Complete sections A, B, C & D

Patient Name: _____

Section A – Patient History (all questions must be answered)

What is the patient's level of cognitive impairment? (select only one)

- Mild cognitive impairment (MCI) - Unspecified Amnestic MCI (single domain or mixed)
 Non-amnestic MCI (single domain or mixed) Dementia

What is the patient's most recent MMSE, MoCA, and/or TORCA score? (select all that apply)

- MMSE (>11): _____ MoCA (≥10): _____ TORCA: _____

What is the year of onset of cognitive impairment?

- Year: _____ Unknown

Does the patient have a family history of dementia? Yes No

If yes, (specify): Alzheimer's Other (specify): _____

Does the patient have a history of stroke or transient ischemic attack (TIA)? Yes No

If yes, specify when: < 2 years > 2 years

Section B – Primary Diagnosis (both questions must be answered)

Select the most likely diagnosis (select only one)

- Mild cognitive impairment – amnestic subtype – *single domain*
 Mild cognitive impairment – amnestic subtype – *multi domain*
 Mild cognitive impairment – non-amnestic subtype – *single domain*
 Mild cognitive impairment – non-amnestic subtype – *multi domain*
 Mild cognitive impairment – unspecified
 Alzheimer's Disease, clinically typical (memory-predominant)
 Alzheimer's Disease, clinically atypical (non-amnestic)
 Alzheimer's Disease, mixed pathology (e.g., mixed vascular, Lewy body, etc...)
 Alzheimer's Disease, NOS
 Frontotemporal dementia – behavioural variant
 Lewy body dementia
 Limbic-predominant age-related TDP-43 encephalopathy (LATE)
 Primary progressive aphasia – logopenic variant
 Primary progressive aphasia – non-fluent variant
 Primary progressive aphasia – semantic variant
 Vascular cognitive impairment – MCI
 Vascular cognitive impairment – Dementia
 Dementia NYD

How confident are you with this primary diagnosis?

- Not at all certain Somewhat uncertain Somewhat certain Certain

