

Lymphoma Requisition to PET Centre
TO BE COMPLETED BY THE REFERRING PHYSICIAN

Indications: *(choose only one)*

Patient Name: _____

INTERIM RESPONSE PET FOR HODGKIN LYMPHOMA (ADULTS & PEDIATRICS)

Choose only one:

2 Chemotherapy Cycles completed

3 Chemotherapy Cycles completed

Date of end of last chemotherapy prior to PET: _____
YYYY-MM-DD

Attach the pre-treatment CT report; or PET scan report if available; and provide images to the PET Centre.

***INTERIM RESPONSE PET for Stage I/II NON-HODGKIN LYMPHOMA after 3 cycles of chemotherapy for patients being considered for de-escalation of therapy. (ADULTS & PEDIATRICS)**

Specify Histology:

Aggressive Non-Hodgkin Lymphoma (specify histology): _____

Chemotherapy to date: 3-4 Cycles completed (specify no. of cycles): _____

Date of end of last chemotherapy prior to PET: _____
YYYY-MM-DD

Attach the pre-treatment CT report; or PET scan report if available; and provide images to the PET Centre.

INTERIM RESPONSE PET for NON-HODGKIN LYMPHOMA (PEDIATRICS ONLY)
(<18 years old; or ≤20 years old and treated at a pediatric centre) after a minimum of two cycles of chemotherapy when curative therapy is being considered.

Specify Histology:

Aggressive Non-Hodgkin Lymphoma (specify histology): _____

Chemotherapy to date: 2 Cycles completed >2 Cycles completed (specify no. of cycles): _____

Date of end of last chemotherapy prior to PET: _____
YYYY-MM-DD

Attach the pre-treatment CT report; or PET scan report if available; and provide images to the PET Centre.

Physician Signature: _____ **Date:** _____

