

**PREP Phase 3**  
**PET Access Program Request Form**  
V2.3, June 20, 2022

Patient OHIP Number: \_\_\_\_\_

Date Form A completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(dd / mmm / yyyy)

Patient Initials: \_\_\_\_ (FML)

Patient DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd / mmm / yyyy)

**\* Cohort 7 patients only, this completed form is required for cases submitted for consideration of enrollment\***

**Diagnosis:** (please include topography, histology, and stage if known)

**Has histology been confirmed?** ☐ Yes ☐ No  
**If no, reason why histology not confirmed:**

**PET Scan Indication:** (select all that apply)

- ☐ Initial Diagnosis
- ☐ Staging/Initial treatment planning
- ☐ Restaging
- ☐ Treatment response assessment
- ☐ Detection of Recurrence
- ☐ Other, (specify): \_\_\_\_\_

**Provide the following information:**

Gleason Score: ☐ <8 ☐ ≥ 8  
PSA: ☐ <20ng/mL ☐ ≥20ng/mL  
Clinical T Stage: ☐ < III ☐ ≥ III

**Is disease localized to prostate?** ☐ Yes ☐ No

**Is the patient a candidate for radical therapy?**

- ☐ No ☐ Yes (specify): ☐ Radical prostatectomy  
☐ Radiotherapy within the next 3-6 months  
☐ Other (specify) \_\_\_\_\_

**Was this patient discussed at a Multidisciplinary Cancer Conference (MCC)?** ☐ Yes ☐ No

**If yes** (answer the following two questions):

(and attach a copy of the multidisciplinary case conference discussion supporting the request for a PSMA PET scan)

- 1. Was there PET expertise in attendance?** ☐ Yes ☐ No
- 2. Was a PSMA PET scan recommended?** ☐ Yes ☐ No

**PREP Phase 3**  
**PET Access Program Request Form**  
V2.3, June 20, 2022

Patient OHIP Number: \_\_\_\_\_

Date Form A completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(dd / mmm / yyyy)

Patient Initials: \_\_\_\_ (FML)

Patient DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd / mmm / yyyy)

**What is the clinical question to be answered with PSMA PET?**

**What will a PSMA PET scan demonstrate that cannot be proven by other means?**

**How will the PSMA PET scan impact clinical management of the patient?**

1. If PSMA PET scan is positive then patient management would be...
  
  
  
  
  
2. If PSMA PET scan is negative then patient management would be...

**The following documentation must be attached to this application. The review will not take place without this documentation.**

- ☐ Clinic and/or consult notes outlining the patient's relevant medical and treatment history, including the problem that PET is being asked to address  
(usually the most recent 2-3 clinic notes will suffice)
- ☐ Complete conventional diagnostic work-up **from the past three months**, including all imaging studies, pathology reports, bloodwork, etc. that are relevant to the application