

**Sarcoma Requisition to PET Centre**  
**TO BE COMPLETED BY THE REFERRING PHYSICIAN**

Referring Physician Name: \_\_\_\_\_

Physician Phone: ( ) \_\_\_\_\_ ext. \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ CPSO No: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
SURNAME FIRST NAME MIDDLE

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

Telephone: ( ) \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐ M ☐ F ☐ Other  
YYYY MM DD

**Fax Instructions**

Fax the completed request form, along with the required supporting documentation to the PET Centre of choice for appointment. A complete list of PET Centres and their contact information is available at [PET Centre Locations List | CCO Health](#)

**Indications:** (choose only one)

- ☐ **SARCOMA (STAGING/RE-STAGING) – PET for the initial staging of patients with histologically confirmed high grade ( $\geq$  Grade 2), or ungradable, soft tissue or bone sarcomas when conventional workup is negative or equivocal for metastatic disease, prior to curative intent therapy; OR for re-staging of patients with suspicion of, or histologically confirmed, recurrent sarcoma (local recurrence or limited metastatic disease) when radical salvage therapy is being considered.**

**Purpose of PET scan (choose 1):**

- ☐ Initial Staging; **OR**  
☐ Re-staging (recurrent disease)

Attach the relevant diagnostic imaging reports (CT, US, MRI); and provide images to the PET Centre.

Other information regarding eligibility: \_\_\_\_\_

- ☐ **PLEXIFORM NEUROFIBROMAS (DIAGNOSIS) – PET in patients with suspicion of malignant transformation of plexiform neurofibromas.**

Attach the relevant diagnostic imaging reports (CT, US, MRI); and provide images to the PET Centre.

Other information regarding eligibility: \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_