

**THORACIC 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, (page 1 and 2), 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 from page 1 or 2)

- ☐ **ESOPHAGEAL/GE JUNCTION CANCER – PET for staging of patients with esophageal/GE Junction cancer being considered for curative therapy and/or repeat PET on completion of pre-operative/neoadjuvant therapy, prior to surgery. The patient must be eligible for surgery based upon conventional imaging.**

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

- ☐ Baseline staging; **OR**  
☐ Repeat PET/CT scan on completion of pre-operative/neoadjuvant therapy, prior to surgery; **OR**  
☐ Re-staging (locoregional recurrence)

**Clinical Stage** (please provide T, N and M staging):

- ☐ TX ☐ T0 ☐ Tis ☐ T1 ☐ T1a ☐ T1b ☐ T2 ☐ T3 ☐ T4 ☐ T4a ☐ T4b  
☐ NX ☐ N0 ☐ N1 ☐ N2 ☐ N3  
☐ M0 ☐ M1

Attach CT report and endoscopic US report; and provide images to the PET Centre.

- ☐ **SOLITARY PULMONARY NODULE (SPN) – PET for undiagnosed solid or semi-solid SPN due to:**

(choose 1)

- ☐ Failed Fine Needle Aspiration (FNA) or other biopsy attempt, **OR**  
☐ Medical condition(s) preclude(s) invasive intervention to establish diagnosis, **OR**  
☐ SPN inaccessible to FNA

**Note: PET is not indicated for the workup of pure ground glass nodules due to very low yield.**

Attach CT report and provide images to the PET Centre.

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

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

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**Indications:** (choose only one from page 1 or 2)

**Patient Name:** \_\_\_\_\_

- ☐ **NON-SMALL CELL LUNG CANCER (NSCLC) – PET for initial staging of patients with NSCLC being considered for potentially curative therapy; OR for re-staging of patients with locoregional recurrence, after primary treatment, being considered for definitive salvage therapy; OR for staging of patients with oligometastatic NSCLC being considered for definitive local therapy.**

Complete Sections A, B, and C

- A) Reason for PET (choose one): ☐ Baseline Staging (new diagnosis)  
☐ Re-staging (locoregional recurrence)  
☐ Staging (oligometastatic disease)
- B) Clinical Stage: ☐ I ☐ II ☐ IIIA ☐ IIIB
- C) ☐ Histological confirmation of NSCLC **OR**  
☐ Strong clinical and radiological suspicion of NSCLC (e.g., based on patient history and/or imaging)

Attach CT report and provide images to the PET Centre.

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

- ☐ **SMALL CELL LUNG CANCER (SCLC) – PET for initial staging of patients with limited disease SCLC where combined modality therapy with chemotherapy and radiotherapy is being considered.**

Clinical Stage: ☐ I ☐ II ☐ IIIA ☐ IIIB

Attach CT report and provide images to the PET Centre.

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

- ☐ **MESOTHELIOMA – PET for staging of patients with mesothelioma.**

**The patient must have:**

- ☐ Histologic confirmation of malignant mesothelioma  
☐ No distant metastases on pre-PET staging  
☐ Patient has no significant comorbidities that would preclude radical intent therapy, if clinically indicated

Attach the relevant diagnostic imaging reports and provide images to the PET Centre.

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

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