

GASTROINTESTINAL (GI) 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](#)

☐ **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: (choose 1)

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

Esophageal Cancer – Clinical Stages:

- ☐ 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.

Physician Signature: _____ Date: _____

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Indications: (choose only one)

Patient Name: _____

- ☐ **COLORECTAL CANCER (STAGING/RE-STAGING) – PET for patients with apparent limited metastatic disease (e.g., organ-restricted liver or lung metastases; or limited local recurrence) who are being considered for radical intent therapy.**

Note: As chemotherapy may affect the sensitivity of the PET scan, it is strongly recommended to schedule PET at least 6 weeks after last chemotherapy, if possible.

The patient must have:

- ☐ Histologic confirmation of colorectal cancer, **AND**
☐ Presumptive pre-PET apparent limited metastatic disease or local recurrence, **AND**
☐ 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: _____

- ☐ **COLORECTAL CANCER (RECURRENCE) – PET where recurrent disease is suspected on the basis of elevated and/or rising carcinoembryonic antigen (CEA) level(s) after surgical resection with negative or equivocal imaging work-up.**

The patient must have:

- ☐ Received primary therapy, **AND**
☐ Recent imaging (CT or MRI) that is **negative or equivocal**, **AND**
☐ Elevated Biomarker: Biomarker : _____ Value 1 : _____ Value 2 : _____

Attach the most recent biomarker results & the relevant diagnostic imaging reports; and provide images to the PET Centre.

Other information regarding eligibility: _____

- ☐ **ANAL CANAL CANCER (STAGING/RE-STAGING) - PET for the initial staging of patients with clinical stage II-IV squamous cell carcinoma of the anal canal or when conventional imaging is equivocal for a specific stage; or for re-staging of patients with limited recurrence, after primary treatment, being considered for definitive salvage therapy.**

Purpose of PET scan (choose 1):

- ☐ Initial staging of patients with clinical stage II-IV SCC of the anal canal
☐ Initial staging to clarify equivocal conventional imaging of patients with SCC of the anal canal, specify location(s) of interest for PET:
☐ Ano-rectum ☐ Lymph Nodes ☐ Elsewhere (specify): _____
☐ Re-staging (limited recurrence) when further ablative therapy is being considered

Attach relevant diagnostic imaging reports (CT, US, MR, Other) & provide images to the PET Centre); consult note or referral letter; and the pathology report.

Physician Signature: _____ **Date:** _____