

Referring Physician Name: _____

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

OHIP Number:

Telephone: () _____ **Postal Code:** _____

Date of birth: _____ / _____ / _____
 YYY Y MM DD

Gender: ☐ M ☐ F ☐ Other

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](#)

Genitourinary Requisition to PET Centre

TO BE COMPLETED BY THE REFERRING PHYSICIAN

Indications: (choose only one)

Patient Name: _____

- ☐ **BLADDER CANCER (INITIAL STAGING)** – PET for the staging of patients with newly diagnosed muscle-invasive high grade urothelial carcinoma of the bladder being considered for curative intent treatment with either radical cystectomy or radiation-based bladder preservation therapy; TNM stage T2a-T4a, N0-3, M0
(for patients with M1a or M1b disease, apply for a PET scan through the PET Access Program).

Select TNM stage based on conventional imaging:

Clinical T Stage: ☐ T2a ☐ T2b ☐ T3a ☐ T3b ☐ T4a
Clinical N Stage: ☐ N0 ☐ N1 ☐ N2 ☐ N3
Clinical M Stage: ☐ M0

Select Treatment Plan based on conventional imaging (choose 1):

- ☐ Radical Cystectomy; **OR**
☐ Radiation-based bladder preservation therapy

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

Other information regarding eligibility: _____

- ☐ **GERM CELL TUMOUR (RECURRENCE)** – PET where recurrent disease is suspected on the basis of elevated tumour marker(s) (beta human chorionic gonadotrophin [HCG] and/or alpha fetoprotein) with negative or equivocal imaging work-up.

The patient must have:

- ☐ Received primary therapy, **AND**
☐ Recent **negative or equivocal** imaging (CT or MRI), **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: _____

- ☐ **SEMINOMA (RESIDUAL MASS)** – PET where persistent disease is suspected on the basis of the presence of a residual mass, after primary treatment for seminoma, when curative surgical resection is being considered.

The patient must have:

- ☐ Received primary therapy, **AND**
☐ Residual mass on CT or MRI, **AND**
☐ Patient has **no** significant comorbidities that would preclude surgical resection, if clinically indicated.

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

Other information regarding eligibility: _____

Physician Signature: _____ Date: _____