

Gynecology Oncology 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: _____ / _____ / _____
YYYY MM DD

Gender: ☐ M ☐ F ☐ Other

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](#)

Gynecology Oncology Requisition to PET Centre

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Indications: (choose only one)

Patient Name: _____

☐ **STAGING CERVICAL CANCER – PET for the staging of patients with locally advanced cervical cancer.**

Complete Sections A, B, and C

A) Reason for PET (choose only one):

- ☐ CT/MRI shows positive or indeterminate pelvic nodes (>7mm, and/or suspicious morphology), **OR**
☐ CT/MRI shows borderline or suspicious para-aortic nodes, **OR**
☐ CT/MRI shows indeterminate or suspicious distant metastases (e.g., chest nodules)

B) Histology: ☐ Squamous Cell Carcinoma ☐ Adenocarcinoma ☐ Other (specify): _____

C) Clinical Stage: ☐ IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IVA ☐ IVB

Attach the CT/MRI reports & provide images to the PET Centre.

Other information regarding eligibility: _____

☐ **RECURRENT GYNECOLOGIC CANCER – PET for the re-staging of patients with recurrent gynecologic malignancies under consideration for radical salvage therapy (e.g., pelvic exenteration).**

Complete Sections A, B, C, and D

A) Reason for PET (choose all that apply):

- ☐ PET after failed attempt at biopsy to establish a diagnosis of recurrence, **OR**
☐ PET to guide biopsy, **OR**
☐ PET to exclude extra-pelvic metastatic disease prior to salvage therapy

B) Primary Disease Site: ☐ Endometrial ☐ Cervical ☐ Vaginal ☐ Vulvar

Histologic confirmation of recurrence: ☐ Yes ☐ No

C) ☐ Patient has **no** significant comorbidities that would preclude surgery (pelvic exenteration) if clinically indicated.

D) ☐ Patient must have no metastases in chest and abdomen (negative or equivocal CT chest **and** abdomen)

Attach CT/MRI/US reports & provide images to the PET Centre.

Other information regarding eligibility: _____

Physician Signature: _____ Date: _____