

Lymphoma 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](#)

☐ **BASELINE STAGING PET FOR LYMPHOMA (ADULTS & PEDIATRICS)**

Choose only one:

- ☐ Hodgkin's Lymphoma
- ☐ Aggressive Non-Hodgkin's Lymphoma (specify histology): _____
- ☐ Indolent Lymphoma - where extent of disease will impact patient management (e.g., focal radiotherapy)

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

Physician Signature: _____ Date: _____

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Indications: (choose only one)

Patient Name: _____

☐ **INTERIM RESPONSE PET FOR HODGKIN'S LYMPHOMA (ADULTS & PEDIATRICS)**

Choose only one:

☐ 2 Chemotherapy Cycles completed

☐ 3 Chemotherapy Cycles completed

Date of end of last chemotherapy prior to PET: _____
YYYY-MM-DD

Attach the pre-treatment CT report; or PET scan report if available; and provide images to the PET Centre.

☐ **INTERIM RESPONSE PET for NON-HODGKIN'S LYMPHOMA (PEDIATRICS ONLY)**
(**<18 years old; or ≤20 years old and treated at a pediatric centre**)

Specify Histology:

☐ Aggressive Non-Hodgkin's Lymphoma (specify histology): _____

Chemotherapy to date: ☐ 2 Cycles completed ☐ >2 Cycles completed (specify no. of cycles): _____

Date of end of last chemotherapy prior to PET: _____
YYYY-MM-DD

Attach the pre-treatment CT report; or PET scan report if available; and provide images to the PET Centre.

☐ **END OF THERAPY RESPONSE ASSESSMENT PET (ADULTS & PEDIATRICS)**

- **For the evaluation of residual mass(es) or lesion(s) (e.g., bone) following chemotherapy in patients with Hodgkin's or non-Hodgkin's lymphoma when further potentially curative therapy (such as radiation or stem cell transplantation) is being considered; OR**
- **To assess response to chimeric antigen receptor (CAR) T-cell therapy, ninety (90) days post transfusion**

Complete Sections A), B), and C)

A) ☐ Residual Mass(es) or Lesion(s); **OR**

☐ Ninety (90) days following CAR T-cell therapy

B) ☐ Hodgkin's; **OR**

☐ Non-Hodgkin's (specify histology): _____

C) Date of end of last therapy prior to PET: _____
YYYY-MM-DD

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

Physician Signature: _____ **Date:** _____