Sarcoma 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

Indications: *(choose only one)*

☐ **SARCOMA (STAGING/RE-STAGING) – PET for the initial staging of patients with histologically confirmed high grade (≥ Grade 2), or ungradable, soft tissue or bone sarcomas when conventional workup is negative or equivocal for metastatic disease, prior to curative intent therapy; OR for re-staging of patients with suspicion of, or histologically confirmed, recurrent sarcoma (local recurrence or limited metastatic disease) when radical salvage therapy is being considered.**

Purpose of PET scan (choose 1):

☐ Initial Staging; **OR**

☐ Re-staging (recurrent disease)

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

Other information regarding eligibility: _____

☐ **PLEXIFORM NEUROFIBROMAS (DIAGNOSIS) – PET in patients with suspicion of malignant transformation of plexiform neurofibromas.**

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

Other information regarding eligibility: _____

Physician Signature: _____ **Date:** _____