



PET CT REQUISITION POSITRON EMISSION TOMOGRAPHY



Booking & Inquiries

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Appointment Details

Name: _____

Date: _____

Address: _____

Phone Res: _____ Other: _____

Time: _____

Date of Birth: mm/dd/yyyy Age: _____

File/Claim #: _____ Male Female Non-binary

PHN: _____ WCB (Y/N) Weight: _____ kg lb

PET CT exams are not all insured by Alberta Health Care
We accept PET CT requests from all authorized licensed practitioners

ALL EXAMINATIONS Please bring your Health Insurance Card and another piece of identification with this form.

Location Century Park 201-2377 111 ST NW Edmonton | **Important - please refer to reverse for instructions; exam may be cancelled with inadequate preparation.**

Significant Clinical History / Clinical questions to be answered

Are you breastfeeding? Yes No

Any chance of pregnancy? Yes No

Date of L.M.P: _____ Patient's Signature: _____

PET Examination Type

FDG (Oncology; Neurology; Infection/Inflammation; Cardiac Viability; default if none selected)

PSMA (prostate cancer) - coming soon

DOTATATE (neuroendocrine tumours; meningioma) - coming soon

RUBIDIUM Myocardial Perfusion Imaging (Ischemia evaluation, risk stratification) * Includes absolute flow quantification and myocardial flow reserve

Other _____

Diagnostic CT

Acquire concurrent diagnostic enhanced CT with PET scan? Yes* No
(if No, a concurrent low dose unenhanced CT will still be acquired)

* A contrast enhanced diagnostic CT requires serum creatinine within the past 90 days

Yes No

Renal Insufficiency

On Dialysis run days: _____

Serum Creatinine (within 90 days) _____

If no current GFR results available, please indicate date last ordered (mm/dd/yyyy) _____

GFR (within 90 days) _____ Date (mm/dd/yyyy) _____

PET Region of Interest

Skull Base to Mid-Thigh (Standard Whole Body; default if none selected)

Vertex to Toes (Extended Whole Body)

Head - Dedicated Brain

Neck - Soft Tissue

Spine (level) _____

Cardiac - Heart

Chest

Abdomen

Pelvis

Extremity _____

Other _____

Previous Treatment

Treatment

Radiotherapy Yes No **If Yes: Start Date (mm/dd/yyyy)** **Completion Date**

Chemotherapy

Marrow Stimulant Therapy

Surgery/Biopsy Specify procedure _____

Other, specify _____

Condition

Pediatric/Special Needs Yes No **If Yes:** Requires sedation No Oral IV Anesthesia

Diabetic

Allergies (include any reaction to contrast media) Specify: _____

Claustrophobia Driver needed if patient given Ativan

Research Study Study Name: _____ Study Number _____

Relevant Previous Imaging Studies

Modality _____ Location _____ Date (mm/dd/yyyy) _____

Modality _____ Location _____ Date (mm/dd/yyyy) _____

Payment by Patient

Send Invoice to (please specify name):

Insurance Company / Employer: _____

Contact: _____ Phone: _____ Fax: _____

Address: _____

Practitioner's Name: _____

Practitioner's Address: _____

Clinic Ph: _____ Clinic Fax: _____

Copy to: _____ Fax Copy: _____

Signature: _____

Physician's Stamp
& Practice ID





General Preparation Instructions for all exams:

- Bring your Health Insurance Card and another piece of identification with this form.
- If you are unable to keep your appointment, we ask that you call us 24 hours prior to your examination. We would be happy to re-schedule your appointment.
- Bring your medications or a detailed list with dosages included. Take your medication(s) as directed by your physician. Should you have any questions about taking your medications for the test, contact your doctor's office.
- Consent will be required for pediatric patients (under 18 years) or for those with special needs.

Location

Century Park - 201-2377 111 ST NW

Located on the 2nd Floor, in a retail and business facility with ample free parking. The Edmonton Transit System has several bus routes that serve the area, as well as the LRT which stops at the Century Park station.

Note that scheduling flexibility may be restricted by radiotracer availability depending on the examination.

Specific Exam Preparation Instructions

FDG PET Body & Brain

Avoid strenuous exercise such as jogging and weight lifting. Excessive muscle activity can interfere with the interpretation of your images.

- Follow a high protein / low carb diet. Limit the amount of bread, pasta, potatoes, cereals, rice, desserts, candy and sugar eaten.
- Patients taking DIABETES MEDICATIONS should consult their diabetes care provider for medication review and possible adjustment while on clear fluid diet and/or during fasting.
- For a morning appointment do not eat after midnight on the day of the exam. This includes no chewing gum, hard candy, or beverages containing sugar.
- ONLY if your appointment time is in the AFTERNOON, eat a light breakfast ending no later than 08:00 am.
- Drink as much water as you like. No other beverages.
- Do not eat anything for minimum 6 hours before the exam.
- Do not take over the counter medications that contain sugar, such as cough syrup.
- Do not use medical or recreational cannabis for 72 hour prior to appointment time. No opiates and other derivatives for 6 hours prior to appointment time. No valium and benzodiazepines for 6 hours prior to appointment time.
- The entire appointment may take about 2-3 hours.

PET CT for the HEART

- Cardiac examinations are covered under Alberta Health Care Insurance Plan (AHCIP) for patients that have valid insurance.

RUBIDIUM PET Cardiac Perfusion

- PATIENT ATTIRE: Loose clothing; no metal.
- **NO caffeine for 24 hours** (includes food and drinks such as coffee (even decaffeinated), tea, caffeinated sodas, energy drinks, chocolate, as well as other coffee/chocolate-flavoured foods such as candies, bars, pudding and ice cream; daytime/non-drowsy formulations of medications such as Tylenol 3, cough/cold/decongestant, and allergy medications also frequently contain caffeine (check package label)).
- DO NOT eat and DO NOT drink for 4 hours prior to exam.

FDG PET Cardiac Viability and Metabolism

- DO NOT eat and DO NOT drink for 8 hours prior to exam.
- Only available for non-diabetic patients in the clinic.
- You may take your prescribed medication(s) as directed by your doctor before the procedure with sip(s) of water.
- Your full appointment may take about 6 hours.

FDG PET Cardiac Sarcoidosis

- Diet instructions will be provided by the Nuclear Medicine department.
- No intense exercise for 36 hours prior to the appointment time (e.g. jogging, strength training, aerobics etc.).
- 12 hours prior to exam: Complete fast - NO gum, NO cough drops or syrup, NO caffeinated drinks, NO flavored or fruit infused water.
- RECOMMENDED: 250ml cups of plain water

DOTATATE PET Body & Brain

- All short acting somatostatin analogs (SSAs; e.g. octreotide) should be discontinued for 12 hours prior to the examination.
- If on long-acting somatostatin analogs (e.g. octreotide long-acting release, lanreotide), PET imaging should be scheduled just prior to dosing with long-acting somatostatin analogs (interval of at least 3-4 weeks after administration).

PSMA PET Body

- Nothing to eat or drink except water for minimum 4 hours prior to exam.