

**Mallinckrodt Institute of Radiology - Barnes-Jewish Hospital  
Physician Request Form for Oncologic Dotatate-PET/CT Imaging**

Patient Name \_\_\_\_\_ Date of Study \_\_\_\_\_

DOB \_\_\_\_\_ Gender \_\_\_\_\_ Weight \_\_\_\_\_ lbs

Patient's Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Patient's Phone \_\_\_\_\_

Physician \_\_\_\_\_ Physician's Phone/Pager \_\_\_\_\_

Type of Insurance: \_\_\_\_\_ Precert. # (if applicable) \_\_\_\_\_

Has the patient had prior Ga-68 dotatate scans  Yes  No  Unknown

Previous CT or MRI? \_\_\_\_\_ Where? \_\_\_\_\_ Date? \_\_\_\_\_

Previous PET Study? \_\_\_\_\_ Where? \_\_\_\_\_ Date? \_\_\_\_\_

**STUDY REQUESTED (Check One)**

- Standard body study** (skull vertex to mid-thigh)
- Special (non-standard) body studies
- Limited body study (e.g., chest only)
- Whole-body study (skull vertex to toes)  
For known or suspected lower extremity tumors
- Dedicated Brain study (for brain tumor)

**INSTRUCTIONS FOR MD OFFICE AND PATIENT**

- Patient should be instructed to push oral fluids on the day of the study. Patients with midgut tumors should have only clear liquids for 2 hours prior to study.
- If patient is receiving octreotide (Sandostatin), the drug should be held for 24 hours before the test, if patient can tolerate. If patient is receiving long-acting octreotide (Sandostatin LAR), the test should optimally be scheduled just before the next treatment is due.
- Outside studies for comparison should be uploaded to LILA and nominated as reference images.

**SPECIFIC REASON FOR PET STUDY (Check One)**

**Dotatate may be labeled with Cu-64 or Ga-68 (with equivalent diagnostic accuracy) and selection will be based on tracer availability. If you have special requests regarding the tracer used or urgency of examination, please indicate it here.**

**Type of Cancer** \_\_\_\_\_  **Histologically Proven**  **Suspected**

- Diagnosis:** To determine if suspicious lesion is cancer (specify) \_\_\_\_\_
- Diagnosis:** To detect an occult primary tumor:  
\_\_\_\_\_ In patient with known/suspected metastatic disease  
\_\_\_\_\_ In patient with suspected paraneoplastic syndrome
- Initial Staging** of confirmed, newly diagnosed cancer
- Monitoring Response** during treatment  
\_\_\_\_\_ Chemotherapy \_\_\_\_\_ Radiotherapy  
\_\_\_\_\_ Other (type) \_\_\_\_\_

- Restaging** after completion of therapy  
\_\_\_\_\_ Chemotherapy \_\_\_\_\_ Radiotherapy  
\_\_\_\_\_ Other (type) \_\_\_\_\_
- Suspected Recurrence** of a previously treated cancer: Site of suspected recurrence is \_\_\_\_\_  
based on \_\_\_\_\_
- Surveillance** of a previously treated cancer in a patient with no known residual disease (**Not Covered By Most Insurers**)

**Additional History or Instructions:** \_\_\_\_\_  
\_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please FAX this form (and recent office notes, radiology reports and pathology reports, if not available in BJH/WU electronic records) to (314) 362-1032. The patient will then be notified of the date and time of their appointment. Questions? Call (314) 362-4PET (314-362-4738) or 888-362-4PET (888-362-4738).**