

**Mallinckrodt Institute of Radiology - Barnes-Jewish Hospital
Physician Request Form for Oncologic Ga-68 Dotatate PET/MRI**

Patient Name _____ Requested Date of Study _____
 Birthdate _____ Gender _____ Weight _____ lbs
 Patient Address _____ City, State, Zip _____
 Patient's Phone (Home) _____ Alternate Number _____
 Physician _____ Physician's Phone/Pager _____
 Type of Insurance _____ Precert # (if applicable) _____
 Previous PET Study Date _____ Outside Study? _____ Images in LILA? _____
 Previous MRI or CT _____ Outside Study? _____ -Images in LILA? _____

Does the patient have brain aneurysm clip?	Yes	No	Does the patient have a pacemaker?	Yes	No
Does the patient have a cochlear or stapes implant?	Yes	No	Does the patient have a defibrillator?	Yes	No
Does the patient have injury to the eye involving metal or metal shavings?	Yes	No			

PET 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)
 Dedicated brain study (for brain tumors)

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), hold drug for 24 hours before the test, if patient can tolerate.
- If the patient is receiving long-acting octreotide (Lanreotide, Sandostatin LAR), test optimally should be scheduled just before the next treatment is due.

SPECIFIC REASON FOR PET STUDY (Check One)

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**)

DEDICATED MRI STUDY REQUESTED (Must Check at Least One)

- Chest (71552) Abdomen (74183) Pelvis (72197)
 Abdomen & Pelvis (74183 & 72197) Head & Neck (70543)
 Other _____

INDICATION FOR PET/MRI. Include sufficient history to document why both PET and MRI are required.

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 314-747-9331. Then, call 314-747-2300 to schedule.