



Hôpital général juif
Jewish General Hospital

18F-FDG PET/CT Requisition

Nuclear Medicine

G19, Basement of Pavilion G
3755 Cote-St-Catherine Road
Montreal, Quebec, H3T 1E2

Tel: 514-340-8222 ext. 25942
Fax: 514-340-7919
reqs.nm.ccomtl@ssss.gouv.qc.ca
http://www.jgh.ca/nm

Patient ID or card stamp

PATIENT INFORMATION

Diabetic? No T1-DM T2-DM Outpatient Inpatient, room: _____

TELEPHONE _____

CELLULAR _____

EMAIL or ALTERNATIVE PHONE _____

EXAM INFORMATION *(Please be as specific as possible, this section will be used to assign priority.)*

Urgent *(Must fax requisition first and call us)* ASAP Requested timeframe: _____

Oncology Infection / inflammation Sarcoid Brain Other: _____

For oncology: Initial evaluation Mid therapy End therapy Subsequent evaluation

Biopsy? No Yes, sites & date: _____

Surgery? No Yes, sites & date: _____

Radiotherapy? No Yes, sites & date last Rx: _____

Chemo or systemic therapy? No Yes, type & date last Rx: _____

Immune or hormone therapy? No Yes, type & date last Rx: _____

Hematopoietic stimulants? No Yes, date last Rx: _____

Recent trauma or infection? No Yes, details & site: _____

Future *planned* treatment or surgery? _____

Clinical indication: *(Please be as detailed as possible; include how the PET/CT results will change your management. Give any relevant past medical history, prior imaging results such as pulmonary nodule size and precise histology as applicable.)*

REFERRING PHYSICIAN INFORMATION *(STAFF name MUST appear below.)*

STAFF PHYSICIAN NAME (PRINT) _____ SIGNATURE _____ LICENSE NUMBER _____ DATE _____

TELEPHONE _____ EMAIL _____ CC _____

Attending staff name must figure on the requisition but residents may sign for staff. Forward CDs and reports of prior non-JGH imaging and pathology. Patients with serum glucose >11 mmol/L may be rescheduled. Patients must be fasting and follow other preparation; contact us for details. No IV contrast is given.

INTERNAL NUCLEAR MEDICINE USE ONLY

Priority code: A (2 days) B (2 weeks) C (1 month) D (3 months) E (6 months) X (target)

Scan FOV: Eyes to thighs H&N Vertex to thighs Vertex to toes Brain Lasix

Preparation: Oncology Sarcoid/cardiac Brain Coded by: _____

Prior JGH PET/CT? No Yes, date: _____ Appt. date/time: _____

Prep. given: Phone Email Postal mail In person Prep. given by: _____

Notes: