



First Name	Surname	Date of Birth
<b>CLINICAL INDICATION CODING</b> (please tick one box from each table):		
Lung <input type="checkbox"/>		Staging JA <input type="checkbox"/>
Oesophagus <input type="checkbox"/>		Re-staging JB <input type="checkbox"/>
Colorectal <input type="checkbox"/>		Recurrence JC <input type="checkbox"/>
Lymphoma <input type="checkbox"/>		Residual Mass JD <input type="checkbox"/>
Head & Neck (includes H&N unknown primary) <input type="checkbox"/> Please state:		Follow Up (response to therapy) JE <input type="checkbox"/>
Melanoma <input type="checkbox"/>		Characterisation JF <input type="checkbox"/>
Unknown Primary (excludes H&N unknown primary) <input type="checkbox"/>		Pre-resection Metastases JG <input type="checkbox"/>
Upper GI (includes Stomach, Small Bowel, Liver, Pancreas) <input type="checkbox"/> Please state:		Find Unknown Primary JH <input type="checkbox"/>
Sarcoma <input type="checkbox"/>		Elevated Tumour Markers JI <input type="checkbox"/>
Breast <input type="checkbox"/>		Paraneoplastic Syndrome JJ <input type="checkbox"/>
Urological (includes Renal, Adrenal, Bladder, Prostate, Testicle) <input type="checkbox"/> Please state:		Other Oncology JK <input type="checkbox"/>
Gynaecological (includes Ovary, Uterus, Cervix) <input type="checkbox"/> Please state:		Non-Oncology: Neurology JL <input type="checkbox"/>
Brain & Spinal Cord <input type="checkbox"/> Please state:		Non-Oncology: Cardiac Non- JM <input type="checkbox"/>
Oncology: Other <input type="checkbox"/> Please state:		Oncology: Other JN <input type="checkbox"/>
Non-Oncology: Neurology <input type="checkbox"/>		
Non-Oncology: Cardiac <input type="checkbox"/>		
Non-Oncology: Other (includes vasculitis, infection imaging) <input type="checkbox"/> Please state:		

**EXPOSURE AUTHORISATION** - Entitled ARSAC Practitioner Licence Holder or Operator to complete

Exposure Authorisation (please indicate)  Practitioner  Operator

<p><b>Protocol required:</b></p> <p>Vertex to toes PET-CT <input type="checkbox"/></p> <p>Base of skull to proximal third of femur PET-CT <input type="checkbox"/></p> <p>Lung Apices to proximal third of femur PET-CT <input type="checkbox"/></p> <p>Symphysis pubis to toes PET-CT <input type="checkbox"/></p> <p>Vertex to proximal third of femur PET-CT <input type="checkbox"/></p> <p>Vertex to Lung Apices PET-CT <input type="checkbox"/></p> <p>Brain PET-CT <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p> <p>Prostate - Dynamic PET-CT <input type="checkbox"/></p> <p>Other - Dynamic PET-CT <input type="checkbox"/></p> <p><b>Comforters and Carers:</b></p> <p>Authorisation given for exposure to comforters and carers <input type="checkbox"/></p>	<p><b>Tracer required:</b></p> <p>FDG <input type="checkbox"/></p> <p>Amyloid <input type="checkbox"/> FBB <input type="checkbox"/> Florbetapir <input type="checkbox"/></p> <p>NaF <input type="checkbox"/></p> <p>FEC (choline) <input type="checkbox"/></p> <p>PSMA <input type="checkbox"/></p> <p>Other (please state) <input type="checkbox"/></p> <p>Can patient be scanned in Radiotherapy Planning Position? <input type="checkbox"/></p> <p><b>Clinical authorisation by ARSAC certificate holder or operator:</b></p> <p>Print Name:</p> <p>Signature:</p> <p>Date:</p>
---	--

**SPECIFIC CLINICAL CONTRAINDICATIONS TO PET-CT INCLUDE:** Pregnancy or suspected pregnancy

**Clinical contraindications rendering the patient medically unfit to undergo the scan include:**  
Chest drains in situ, Influenza, Chickenpox (Varicella Zoster Virus), Measles (Rubella), Mumps, Clostridium Difficile (may only be scanned at static centres), Whooping cough (Bordetella pertussis), Active Shingles (Herpes Zoster), Diphtheria (Corynebacterium diphtheriae)

**Additional physical and technical contraindications to PET-CT include:**

**Inability to cooperate with the scan process** - For instance, inability to lie relatively still for 1-2 hours and to lie supine for 30-60 minutes

**Blood Glucose Level** - If the patient's blood glucose level is outside the ARSAC certificate holder's agreed limits. In patients with diabetes this must be adequately controlled prior to attendance for the PET-CT scan. Uncontrolled blood glucose levels may result in sub-optimal or undiagnostic image quality and therefore in these circumstances the patient's appointment may be cancelled and re-scheduled for an alternative date when diabetic control has been established

**Chemotherapy/Radiotherapy** - If the patient's appointment date is outside the ARSAC certificate holders agreed time limits

**Patient body habitus above scanner dimensions** - Scanner Bore Diameter 70cm (distance from scanner bed to roof of scanner approximately 50cm). If it is uncertain if a patient's body habitus will prevent us from proceeding with the scan the patient may be invited to attend the scanner prior to their appointment date to undergo a trial run through the scanner gantry