



PET/CT SCAN REQUEST FORM



Please mail or fax to:

Wales Research and Diagnostic PET Imaging Centre (PETIC)
University Hospital of Wales, Heath Park,
Cardiff,
CF14 4XW

Tel No:029 20746880/1

Fax No:029 20746879

Target Patient for 31/62 day pathway? Y/N

Failure to complete ALL relevant sections of this form may result in a delay

PATIENT DETAILS

Hospital No/NHS No:	
Name:	
Date of Birth:	M / F
Address:	
Postcode:	
Inpatient/Outpatient	Ward
Home Tel No:	
Mobile No:	
Transport: AMBULANCE <input type="checkbox"/> CHAIR <input type="checkbox"/>	
BED <input type="checkbox"/> WALKING <input type="checkbox"/>	

REFERRING CLINICIANS DETAILS

Name:	
Hospital:	
Address:	
Tel No:	Bleep:
Fax No for Report:	
Email for confirmation of appt:	
Signature:	Date:

FUNDING NHS TRIAL SELF FUNDING PRIVATE

CLINICAL DETAILS *(Please state reason for the request and how it may affect patient management)*

Please include details of any recent xrays and scan reports

Please complete where relevant

Recent Surgery/Biopsy (please specify):.....

Radiotherapy (please specify):.....

Chemotherapy (Date last cycle completed):.....

Safety Check

Could the patient be pregnant? Yes No

Is the patient breast feeding? Yes No

Is there an infection risk? Yes No

If yes, please specify?

Does the patient have any allergies? Yes No

If yes, please specify:

Is the patient diabetic? Yes No

Diabetic Control Diet Insulin Tablet

PET Centre use only:

Signature
(ARSAC certificate holder)

Priority
(1-3)

Indication
(disease category)

Protocol
(local views etc)

Outside imaging
to request?