Singleton Hospital PET/CT Patient Referral Form

Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

PET/CT Reception: +44 (0) 1792 517965 **Email: SBU.PETCTpatientbookings@wales.nhs.uk**

Patient Details

NHS No:

Full Name:

Date of Birth:

Address:

Postcode:

Mobile No:

Patient Weight (kg):

Patient Booking Information

How will the patient attend their appointment?

Trolley Wheelchair Walking

Mobility Issues?:

Preferred Language: Welsh English Other:

Interpreter required? Yes No

Funding: NHS Self-funded Insured IPFR

Inpatient? **Yes** **No**

Research patient? **Yes** **No**

Transport required? **Yes** **No**

Scan request *(*tick):* **^{18}F-FDG** **^{18}F-FEC(Choline)** **^{18}F PSMA**

Funded clinical indication (please refer to JCC PET commissioning document):

Clinical details (inc. proven clinical histology and notable imaging findings):

Standard field of view is skull base to upper thigh, is there any disease outside of this field of view? If so, where?

The referrer is legally obliged under IR(ME)R to supply sufficient information to enable the examination to be justified. Incomplete or incorrectly completed requests will be returned

Required Treatment Information

Pertinent surgical findings:

	Date	Body Area
Last **CT** Scan		
Last **MRI** Scan		

	Chemotherapy	Radiotherapy
Type		
Cycle Length		
Date of last Treatment		
Date of next Treatment		

SPECIFIC CLINICAL CONTRAINDICATIONS TO PET/CT INCLUDE:

- Pregnancy or suspected pregnancy

Contraindications rendering the patient medically unfit to undergo the scan include:

- Chest drains in situ, Influenza, Chickenpox (Varicella Zoster Virus), Mumps, Clostridium Difficile, Whooping cough (Bordetella pertussis) Active Shingles (Herpes Zoster), Diptheria (Corynebacterium diptheriae)

Additional physical and technical contraindications to PET/CT include:

1. Inability to cooperate with the scan process – For instance, inability (including repetitive coughing) to lie relatively still for **1 to 2 hours** and to lie supine for **30-60 minutes**

2. Blood Glucose Level (FDG only) – If the patient's blood glucose level is outside the *IR(ME)R practitioner's* agreed limits. In patients with diabetes this must be adequately controlled prior to the attendance for the PET/CT. Uncontrolled blood glucose levels may result in sub-optimal or non-diagnostic 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

3. Chemotherapy/Radiotherapy – If the patient's appointment date is outside the *IR(ME)R practitioner's* agreed time limits

4. Patient body habitus above scanner dimensions – Scanner bore diameter 70 cm (distance from scanner bed to roof of scanner approximately 50 cm). 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.

The Swansea Bay UHB mobile PET/CT scanner is not equipped for paediatric scanning or radiotherapy planning scans. These patients should be referred to PETIC in Cardiff. Physical access limitations mean that some patients with disabilities cannot be accommodated, and should be referred to Cardiff. Please discuss if necessary.

Consultant Details	**Does the referral need to be deferred to a later date?**
Consultant name:	**(e.g. after a course of treatment)**
Email:	**No, perform the scan as soon as possible**
Consultant Signature:	**Yes, perform after:**
GMC Number:	
Date:	

Protocol and Justification: (Swansea Bay UHB Nuclear Medicine Only)

Protocol required:

Clinical Justification by IR(ME)R licensed practitioner or authorised delegated operator:

Print Name:

Signature:

Date:

Justified **Operator Authorisation**

Email PET/CT requests to: **SBU.PETCTpatientbookings@wales.nhs.uk**

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