

## PET/CT REQUEST

### Referral information

Centre	Oxford <input type="radio"/>	Windsor <input type="radio"/>	Bristol <input type="radio"/>
Appointment details	Research		
Date	Trial name	Trial no.	
Time	Patient trial no.	Baseline week	

### Patient Details

Title	First name		
Last name			
Address			
Postcode	Email		
Telephone number	Date of Birth		
Date of request	Own transport		
NHS number (if known)	Date form received		
Type of patient:	NHS <input type="radio"/>	Self-Paying <input type="radio"/>	Insurer <input type="radio"/> Research <input type="radio"/>
Insurance Details:			

Radiopharmaceutical	FDG <input type="radio"/>	Choline <input type="radio"/>	Gallium <input type="radio"/>	PSMA <input type="radio"/>	Other:	
Scan area	Brain only <input type="radio"/>	Head and neck <input type="radio"/>	Body half -vertex- thigh <input type="radio"/>	Body half - eye to thigh <input type="radio"/>	Body whole <input type="radio"/>	Other:
Provisional diagnosis						
Clinical details	(Please state the clinical question that requires an answer)					

Height (cm)		Weight (kg)	
Previous scan			
CT	Date		Place
MRI	Date		Place
PET	Date		Place

Please note we can only scan a patient who can lie flat/still for 30 minutes. Diabetes does not preclude a clinical scan if well controlled. We have no nursing cover and cannot provide sedation. For translator services, please provide at least 48 hours' notice. A patient with communication issues will need to attend with somebody who can communicate with them and that they trust.

### Please complete the following if applicable

Diabetes (type)		Impaired mobility	
For female patients only			
Breastfeeding	Yes <input type="radio"/> No <input type="radio"/>	LMP date	

## Referrer's Declaration

### I understand my responsibilities under IRMER 2017:

- The correct patient details are given.
- I have discussed the examination with the patient/guardian.
- I have taken into account the possibility of pregnancy.
- I have given sufficient clinical information for the request to be justified according to IR(ME)R 2017, making this a formal legal agreement.
- I will ensure the examination results are recorded in the patient's notes.

The overall radiation dose from a PET/CT test to the patient is approximately 20 mSv.

Criteria for Referral are summarised in the iRefer documentation provided by the Royal College of Radiologists

Referring consultant	
Referring consultant email	
Referring hospital	
Telephone	
Referrer's signature	

Click here to send the completed form to either:

[oxford.enquiries@genesiscare.com](mailto:oxford.enquiries@genesiscare.com)

[windsor.enquiries@genesiscare.com](mailto:windsor.enquiries@genesiscare.com)

[bristol.enquiries@genesiscare.com](mailto:bristol.enquiries@genesiscare.com)

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Please post, fax or email this form to GenesisCare, PET CT Department:

Oxford: GenesisCare, Sandy Lane West, Peters Way, Littlemore, Oxford, OX4 6LB Phone: 01865 237 700 Fax: 01865 770 016 Email: [windsor.enquiries@genesiscare.com](mailto:windsor.enquiries@genesiscare.com)  
Windsor: GenesisCare, 69 Alma Road, Windsor, Berkshire, SL4 3HD Phone: 01753 418444 Fax: 01753 864 306 Email: [oxford.enquiries@genesiscare.com](mailto:oxford.enquiries@genesiscare.com)  
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