



Date: Target Patient? (please circle) N / 31 / 62

Patient Demographics

Surname:
 Forename:
 Address:
 Postcode: DoB:
 Home No:
 Mobile No:
 NHS No:
 (if available)

Consultant Referrer

Name:
 Signature:
 Address for Reports:
 Email:
 Tel No:
 Fax No:

Mandatory Information

Inpatient? Hosp: Ward: Pregnant? Yes No
 Contact No: Breast feeding? Yes No
 Diabetic? Yes No Communicable Infection? Yes No
 If Yes, specify? Insulin Tablets Diet If Yes, specify:
 Pt. weight (kg): Claustrophobic?

Clinical Indication

- Staging of non-small cell lung cancer prior to surgery or radical radiotherapy
- Assessment of solitary pulmonary nodule ONLY when biopsy not safe or practicable
- Staging (not restaging) of oesophageal cancer prior to radical surgery or radiotherapy
- Re-staging of colon cancer or sarcoma prior to surgery for removal of metastatic disease from liver or lungs
- Re-staging of colon cancer following surgery and radiotherapy
- Restaging of cancer prior to pelvic exenterative surgery
- Anal cancer – Initial staging & restaging prior to radical surgery for suspected residual/recurrent disease
- Assessment for malignant neck nodes from unknown primary site in head and neck
- Initial staging of Hodgkin's Lymphoma or diffuse large B-cell lymphoma
- Reassessment post end of therapy for Hodgkin's lymphoma or diffuse large B-cell lymphoma
- Pre/Post transplant assessment of Hodgkin's lymphoma or diffuse large B-cell lymphoma – patient specific approval required
- Restaging of suspected recurrent non-CNS head & neck cancer following surgery or radiotherapy
- Restaging of thyroid cancer – serum thyroglobulin raised & radio-iodine imaging negative
- Staging of malignant melanoma prior to radical surgery for localised or metastatic disease
- Evaluation of suspected recurrent or metastatic breast cancer when conventional imaging and biopsy is inconclusive
- Investigation of suspected paraneoplastic neurological disorder
- Other (please specify below)

Other Clinical Details:

Histology and Staging

Histologically confirmed cancer? Yes No Type:
 Current Clinical stage: T N M

Treatment and Intervention

Surgery? Yes No Type: Date complete:
 Radiotherapy? Yes No Type: Date complete:
 Chemotherapy? Yes No Type: Date complete:

For Departmental Use Only

DB LT FX Date & Time of Appointment:

Christie Hospital No: Authorised: