INFECTION AND INFLAMMATION REQUEST APPROVAL REQUIRED INDICATIONS

CARDIOVASCULAR FDG PET SPECIAL ACCESS

Questions? CardiacFDGPET@ottawaheart.ca

613-696-7000 ext.14869

*Last Name _____ *First Name _____ Middle Initial _____

*OHIP # _____ Version _____ *Postal Code _____ *Phone# _____

*Date of Birth _____ (yyyy-mm-dd) *Sex ☐ M ☐ F ☐ Other

Preferred Language ☐ English ☐ French ☐ Other

Complete ALL sections (I, II, III and physician contact) - Incomplete requests will be returned. All requests must be accompanied by required supporting documentation as noted per indication to proceed to expert review.

Pertinent Clinical Information (please complete)

***Priority**
- ☐ Inpatient
- ☐ Outpatient-Urgent
- ☐ Outpatient

I. CHOOSE ONE INDICATION BELOW:

- ☐ 1. Infection of Implantable Cardiac Devices
- ☐ 2. Infective Endocarditis (non-routine)
- ☐ 3. Graft Infection
- ☐ 4. Pericarditis
- ☐ 5. Myocarditis
- ☐ 6. Aortitis/Vasculitis
- ☐ 7. ARVC, Arrhythmia Induced Cardiomyopathy
- ☐ 8. Other Infection/Inflammatory process (specify): _____

Attach the following supporting documentation (must be obtained within the past 12 months):

Recent clinical or consult note

AND

Echocardiogram, Lab work with elevated inflammatory biomarkers, blood cultures and/or imaging such as MRI, CT

***Ketogenic diet preparation is required for all investigation of infection / inflammation affecting the heart or its adjacent structures.**

**Submission of relevant, additional supporting documents are recommended in order to facilitate expert review.*

II. INDICATE 'Yes' or 'No' TO THE FOLLOWING ADDITIONAL INFORMATION:

Diabetes ☐ Yes ☐ No Pacemaker/AICD/CRT ☐ Yes ☐ No Valve Replacement ☐ Yes ☐ No

If yes, ☐ Tissue ☐ Mechanical

III. CHOOSE ONE PET CENTER and FAX COMPLETED FORM WITH SUPPORTING DOCUMENTS to 613-696-7104 for review

- ☐ Ottawa - University of Ottawa Heart Institute
- ☐ Mississauga - KMH Cardiology Centres Inc.
- ☐ Toronto - Princess Margaret Cancer Centre
- ☐ Toronto - Sunnybrook Health Sciences Centre
- ☐ Toronto - St. Michael's Hospital
- ☐ Hamilton - St. Joseph's Healthcare
- ☐ London - LHSC Victoria Hospital
- ☐ Sudbury - Health Sciences North
- ☐ *Ottawa - TOH General Compus *Inpatient only
- ☐ *Toronto - Hospital for Sick Children *Pediatric patient only

Physician Contact (please complete ALL sections so we may contact you if necessary)

Name (print): _____ _____
Last Name First Name

Phone: _____ _____ **Fax:** _____
(xxx)-xxx-xxxx ext. (xxx)-xxx-xxxx

Email@: _____

Date of Request: _____ (yyyy-mm-dd)

Signature: _____

SAP Office Use Only

		Reviewers	Approved
Date Received:	____ - ____ - ____		☐ Yes ☐ No
Date Authorized:	____ - ____ - ____ (yyyy-mm-dd)		☐ Yes ☐ No
Authorized by:			☐ Yes ☐ No

Review Decision: ☐ APPROVED ☐ DECLINED ☐ INCOMPLETE/INELIGIBLE

FDG ID: ____ - ____ - ____
PET center number ID

(ver..2026-03-25)

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