Pulmonary Sarcoidosis Requisition for FDG PET Scan

TO BE COMPLETED BY THE REFERRING PHYSICIAN & SENT DIRECTLY TO THE PET CENTRE

****NOTE: If there is clinical concern of myocardial involvement, please use the cardiac sarcoidosis request form.**

Referring Physician Name: _____

Physician Phone: (_____) _____ **ext.** _____ **Fax:** (_____) _____ **CPSO No:** _____

Patient Name: _____
SURNAME FIRST NAME MIDDLE

OHIP Number: _____

Telephone: (_____) _____ **Postal Code:** _____

Date of birth: _____/_____/_____ **Gender:** ☐ M ☐ F ☐ Other
YYYY / MM / DD

Fax Instructions

Fax the completed request form, along with the required supporting documentation to the PET Centre of choice for an appointment. A complete list of PET Centres and their contact information is available at PET Centre Locations List | Ontario Health

Indications: *(choose only one)*

☐ **FDG PET scan to evaluate disease activity of biopsy-proven sarcoidosis, either fibrotic pulmonary sarcoidosis or advanced pulmonary sarcoidosis, when:**

***Choose one*:**

☐ Symptoms or clinical signs suggesting active disease

☐ Clinical imaging (i.e., thoracic CT scan, X-ray imaging) or pulmonary function test (PFT) suggestive of progression with no other clinical signs or symptoms to assess for disease

Required supporting documentation for PET centre interpretation:

- ☐ Biopsy-proven sarcoidosis report;
- ☐ Clinical consultation; and
- ☐ Thoracic CT scan and/or Chest X-ray scan report

☐ **Follow-up FDG PET scan to assess treatment response for patients with fibrotic pulmonary sarcoidosis or advanced pulmonary sarcoidosis, if the baseline PET scan was positive and the request for follow-up is at least 6 months following treatment initiation.**

Required supporting documentation for PET centre interpretation:

- ☐ Positive baseline PET scan report; and
- ☐ Clinical consultation report outlining treatment plan

Physician Signature: _____ **Date:** _____