

HOSPITAL OUTPATIENT RADIOLOGY REFERRAL

Reduced wait time for public patients. Gaps may apply for MRI and ultrasound.



PATIENT DETAILS

Blank area for patient details.

REFERRER: Please fax referral to (07) 3523 3713. Qscan will contact and guide patient for booking, questionnaires, and preparation.

EXAMINATION REQUESTED

- MRI (specify region and clinical details below)
- Specialised MRI's** (please select)
 - MRI liver/pancreas/Chrohn's (tick clinical indication on back of form)
 - MRI pelvis (tick clinical indication on back of form)
 - MRI breast (tick clinical indication on back of form)
 - MRI prostate (tick clinical indication on back of form)
- Plain x-ray
- CT scan
- CT dual energy gout study
- CTCA
- Ultrasound (specify region and clinical details below)
- Nuclear Medicine (tick sub-option)
 - Bone scan
 - Cerebral SPECT
 - Parathyroid scan
 - Thyroid scan
 - Lymphoscintigraphy
 - VQ Lung scan
 - Myocardial perfusion study
Medicare criteria for myocardial perfusional scan.
All 3 items below need to be ticked for eligibility:
 - No MPS claimed in the previous 24 months
 - Symptoms of cardiac ischemia
 - Not suitable for exercise or echocardiography
- Procedures
 - Biopsies
 - Guided injections (specify region and clinical details below)

OR

PATIENT: To make a booking please call 1300 177 226 or book online at qscan.com.au/bookings

Tick for IMAGE TRANSFER

- Mater Public
- QCH
- RBWH
- PAH
- Redcliffe
- Redlands
- Logan
- Ipswich
- GCUH
- Other (please specify) _____

CLINICAL DETAILS

Blank area for clinical details.

Risk Factor

Mandatory for contrast studies:

If any risk factors indicated provide:

- Nil, OR
- Greater than 70 yrs
- History of renal impairment
- Diabetic
- On Metformin

If any risk factors indicated provide:

eGFR: _____ Test date: _____

Previous reaction to contrast:

- Yes, patient has had previous reaction
- No

PET EXAMINATION

- PET with whole body diagnostic CT (head, chest, abdo, pelvis)
 - Plus extremity (eg. melanoma, sarcoma, myeloma, PUO, vasculitis/arteritis, rheumatological or where limb involvement suspected)
- PET with localised diagnostic CT (please tick region/s)
 - Head
 - Neck
 - Chest
 - Abdo
 - Pelvis
 - Extremity
- PET with non-diagnostic CT (attenuation correction)

PET/CT MEDICARE REBATEABLE STUDIES ARE BELOW. PLEASE TICK WHICH ITEM APPLIES.

Medicare criteria is listed on the back page

- | | | | |
|---|---|---|--|
| Lung <ul style="list-style-type: none"><input type="checkbox"/> Solitary pulmonary nodule (61523)<input type="checkbox"/> Non-small cell lung cancer (61529) | Melanoma <ul style="list-style-type: none"><input type="checkbox"/> Melanoma (61553) | Head & Neck <ul style="list-style-type: none"><input type="checkbox"/> Staging (61598)<input type="checkbox"/> Restaging (61604)<input type="checkbox"/> Metastatic SCC unknown primary staging (61610) | Sarcoma (excluding GIST) <ul style="list-style-type: none"><input type="checkbox"/> Staging (61640)<input type="checkbox"/> Restaging/residual/recurrent (61646) |
| Breast <ul style="list-style-type: none"><input type="checkbox"/> Staging (locally advanced) (61524)<input type="checkbox"/> Suspected metastatic or recurrent (61525) | Gynaecology <ul style="list-style-type: none"><input type="checkbox"/> Uterine cervix carcinoma primary staging (61571)<input type="checkbox"/> Uterine cervix carcinoma restaging (61575)<input type="checkbox"/> Ovarian carcinoma (61565) | Hodgkins or NHL <ul style="list-style-type: none"><input type="checkbox"/> Initial staging (61620)<input type="checkbox"/> First line therapy response (61622)<input type="checkbox"/> Restaging (61628)<input type="checkbox"/> Second line therapy response (61632) | Rare/Uncommon Cancer <ul style="list-style-type: none"><input type="checkbox"/> Rare/uncommon cancer staging (61612) |
| Brain <ul style="list-style-type: none"><input type="checkbox"/> Residual or recurrent malignant tumour (61538)<input type="checkbox"/> Refractory epilepsy (61559)<input type="checkbox"/> Diagnosis of Alzheimer's (61560) | Gastrointestinal <ul style="list-style-type: none"><input type="checkbox"/> Colorectal carcinoma (61541)<input type="checkbox"/> Oesophageal/GOJ (staging) (61577) | | PSMA <ul style="list-style-type: none"><input type="checkbox"/> Prostate staging (61563)<input type="checkbox"/> Prostate recurrence (61564) |

REFERRING PRACTITIONER'S DETAILS

Practitioner's name: _____
Hospital: _____
Department: _____
Fax: _____ Phone: _____
Signature: _____ Date: _____
Copy to: _____

Please provide both **Consultant** and **RMO** details for bulk billing to apply. Consultant's signature not required.

Consultant name: _____

RMO or Registrar name: _____

Provider number: _____



BOOK AN APPOINTMENT

For specialised MRI studies please tick the relevant clinical indications box below.

- MRI Liver** Confirmed extra-hepatic primary malignancy (other than HCC) & CT liver is negative/inconclusive of metastatic disease & identification of liver metastases would change treatment planning (63545)
- MRI Liver** Known / suspected hepatocellular carcinoma & chronic liver disease & liver function Child-Pugh class A/B; & Hepatic lesion >10mm (63546)
- MRI Enterography** to evaluate small bowel Crohn's disease (63740)
- MRI Enteroclysis** for Crohn's disease using the placement of NG tube (63741)
- MRI Pancreas/biliary tree** (MRCP) for suspected biliary or pancreatic pathology (63482)
- MRI** for fistulating perianal Crohn's disease FOR evaluation of pelvic sepsis and fistulas (63743)
- MRI Pelvis** for the investigation of:
 - a) sub fertility that requires one or more of the following:
 - i. an investigation of suspected Mullerian duct anomaly seen in pelvic ultrasound or HSG
 - ii. an assessment of uterine mass identified on pelvic ultrasound before consideration of surgery
 - iii. an investigation of recurrent implantation failure in IVF; or
 - b) surgical planning of a patient with known or suspected deep endometriosis involving the bowel, bladder or ureter where the results of pelvic ultrasound are inconclusive (63563)
- MRI Pelvis** for staging of histologically diagnosed cervical cancer at FIGO stages 1B or greater (63470)
- MRI Pelvis & Upper Abdomen** for staging of histologically diagnosed cervical cancer at FIGO stages 1B or greater (63473) MRI Pelvis for initial staging of rectal cancer (63476)
- MRI of both breasts** where the patient has a breast lesion, AND the results of conventional imaging examinations are inconclusive for the presence of breast cancer, AND biopsy has not been possible. (63531)
- MRI of both breasts** where the patient has been diagnosed with breast cancer, AND discrepancy exists between clinical assessment and conventional imaging assessment, AND the results of breast MRI may alter treatment planning (63533)
- MRI of both breasts** for the detection of cancer (63464)

Where the patient is asymptomatic younger than 60 years of age and is either at high risk of developing breast cancer, due to one or more of the following:

 - i. genetic testing has identified the presence of a high risk breast cancer gene mutation in the patient or in a first degree relative of the patient;
 - ii. both:
 - A. 1 or more 1st or 2nd degree relatives was diagnosed with breast cancer at age 45 years or younger; AND
 - B. Another 1st or 2nd degree relative on the same side of the patient's family diagnosed with bone or soft tissue sarcoma at age 45 years or younger
 - iii. had onset of breast cancer before the age of 50 years
 - iv. has a personal history of mantle radiation therapy
 - v. has a lifetime risk estimation greater than 30% or a 10 year absolute risk estimation greater than 5% using a clinically relevant risk evaluation algorithm.

Prostate MRI for diagnosis (63541)

- a) DRE suspicious for prostate cancer; or
- b) Less than 70 years, at least two prostate specific antigen (PSA) tests performed within an interval of 1-3 months are greater than 3.0 ng/ml, and the free/total PSA ratio is less than 25% or the repeat PSA exceeds 5.5 ng/ml; or
- c) Less than 70 years, whose risk of developing prostate cancer based on family history is at least double the average risk, at least two PSA tests performed within an interval of 1-3 months are greater than 2.0 ng/ml, and the free/total PSA ration is less than 25%; or
- d) 70 years or older, at least two PSA tests performed within an interval of 1-3 months are greater than 5.5 ng/ml and the free/total PSA ratio is less than 25%.
- Prostate MRI for surveillance (63543)**

Patient has not had a diagnostic mpMRI and is placed on active surveillance following a confirmed diagnosis of prostate cancer by biopsy histopathology; and is not planning or undergoing treatment for prostate cancer.

PET/CT Medicare rebateable studies criteria

Solitary Pulmonary Nodule	61523	Whole body FDG PET study, performed for evaluation of a solitary pulmonary nodule where the lesion is considered unsuitable for transthoracic fine needle aspiration biopsy, or for which an attempt at pathological characterisation has failed.
NSCLC	61529	Whole body FDG PET study, performed for the staging of proven non-small cell lung cancer, where curative surgery or radiotherapy is planned.
PET Breast	61524	Whole body FDG PET study, performed for the staging of locally advanced (stage III) breast cancer, for a patient who is considered suitable for active therapy (R) (Anaes.).
PET Breast	61525	Whole body FDG PET study, performed for the evaluation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma, for a patient who is considered suitable for active therapy (R) (Anaes.).
Brain	61538	FDG PET study of the brain for evaluation of suspected residual or recurrent malignant brain tumour based on anatomical imaging findings, after definitive therapy (or during ongoing chemotherapy) in patients who are considered suitable for further active therapy.
Epilepsy	61559	FDG PET study of the brain, performed for the evaluation of refractory epilepsy which is being evaluated for surgery.
Alzheimer's	61560	FDG PET brain for diagnosis of Alzheimer's disease if clinical evaluation (by or in consultation with a specialist) is equivocal. Not repeatable within 12 months and not more than 3 per lifetime.
Colorectal	61541	Whole body FDG PET study, following initial therapy, for the evaluation of suspected residual, metastatic or recurrent colorectal carcinoma in patients considered suitable for active therapy.
Oesophageal/GOJ	61577	Whole body FDG PET study, performed for the staging of proven oesophageal or GOJ carcinoma, in patients considered suitable for active therapy.
Ovarian	61565	Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent ovarian carcinoma in patients considered suitable for active therapy.
Uterine Cervix	61571	Whole body FDG PET study, for the further primary staging of patients with histologically proven carcinoma of the uterine cervix, at FIGO stage IB2 or greater by conventional staging, prior to planned radical radiation therapy or combined modality therapy with curative intent.
Uterine Cervix	61575	Whole body FDG PET study, for the further staging of patients with confirmed local recurrence of carcinoma of the uterine cervix considered suitable for salvage pelvic chemoradiotherapy or pelvic exenteration with curative intent.
Head & Neck	61598	Whole body FDG PET study performed for the staging of biopsy-proven newly diagnosed or recurrent head & neck cancer.
Head & Neck	61604	Whole body FDG PET study performed for the evaluation of patients with suspected residual head & neck cancer after definitive treatment, and who are suitable for active therapy.
Melanoma	61553	Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected metastatic or recurrent malignant melanoma in patients considered suitable for active therapy.
Metastatic SCC Unknown Primary	61610	Whole body FDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes.
Lymphoma	61620	Whole body FDG PET study for the initial staging of newly diagnosed or previously untreated Hodgkin's or non-Hodgkin's lymphoma.
Lymphoma	61622	Whole body FDG PET study to assess response to first line therapy either during treatment or within three months of completing definitive first line treatment for Hodgkin's or non-Hodgkin's lymphoma.
Lymphoma	61628	Whole body FDG PET study for restaging following confirmation of recurrence of Hodgkin's or non-Hodgkin's lymphoma.
Lymphoma	61632	Whole body FDG PET study to assess response to second-line chemotherapy if haemopoietic stem cell transplantation is being considered, for Hodgkin's or non-Hodgkin's lymphoma.
Bone or Soft Tissue Sarcoma	61640	Whole body FDG PET study for initial staging of patients with biopsy-proven bone or soft tissue sarcoma (excluding gastrointestinal stromal tumour) considered by conventional staging to be potentially curable.
Sarcoma	61646	Whole body FDG PET study for the evaluation of patients with suspected residual or recurrent sarcoma (excluding gastrointestinal stromal tumour) after the initial course of definitive therapy to determine suitability for subsequent therapy with curative intent.
Prostate Staging	61563	Whole Body PSMA PET for initial staging of intermediate to high risk prostate adenocarcinoma for previously untreated patient, considered for locoregional therapy with curative intent. Once per lifetime.
Prostate Recurrence	61564	Whole body PSMA PET for restaging of recurrent prostate adenocarcinoma of patient who has undergone prior locoregional therapy and considered suitable for further locoregional therapy to determine appropriate further therapy. Twice per lifetime.
Rare / Uncommon Cancer Staging	61612	Whole body FDG PET study for the initial staging of a rare or uncommon cancer (<12/100,000 incidence) that is typically FDG-avid & at least 10% likelihood the PET study result will inform change in management. Once per cancer diagnosis.