NII PET-CT Unit

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Stellenbosch University

CAF Central Analytical Facilities, Stellenbosch University

REQUEST FOR PET-CT

Patient details (please complete or affix patient sticker):

Name: Date of Birth:

Identity/passport number: Gender: M F

Contact number(s): Email:

Medical Aid: Medical Aid no:

Referring doctor details:

Name: Email:

Contact number(s): Practice no.

Report copies to: Email(s):

Procedure code	Study requested (tick one):	
00956	PET/CT whole body	
10971	PET/CT brain uncontrasted	
33981	PET/CT of the heart	

Isotope code	Radiotracer (tick):	
00990	FDG	
00990	DOTANOC	
00990	PSMA	
00990	FDOPA	

Previous Imaging investigations:

(List previous CT's; MRI's; PET/CTs with dates, and where these were performed - append reports):

Patient medical details:

Diabetic: No Yes Diabetic medications:

Other comorbidities (details):

Other chronic medications (details):

Anaphylaxis/allergy history: No Yes Details:

LMP (if relevant): Pregnancy excluded if relevant (details):

Lactating: No Yes

Weight: **kg**

Clinical information:

(Pathology, stage of disease if known, biopsies, surgeries, chemotherapy, radiotherapy, immunotherapy and dates thereof, other relevant information – append reports):

Indication for study:

ICD-10 code (primary): **Morphology code:**

Referral date: Dr Signature: _____

Appointment date provided:

Finalise & email

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