



Detailed Order Request Checklists for PET Oncology

Getting ready to place an order

Knowing what information you will need for each order saves time. Our PET oncology order request checklists can help you identify and collect the information you need to have available when entering an order request. We recommend that you print a copy or save it to your computer to keep it handy when you are preparing to submit an order.

INFORMATION YOU'LL NEED FOR PET ONCOLOGY ORDER REQUESTS

For ALL PET oncology order requests, you will need:

- ☐ Patient first and last name
- ☐ Ordering provider first and last name
- ☐ CPT code and the name of the exam you're requesting
- ☐ Diagnostic code (ICD10) or name of your patient's diagnosis
- ☐ The name and location of the facility where treatment will be given

For MOST PET oncology order requests, you may also need:

- ☐ Type of known or suspected invasive cancer
- ☐ Biopsy results
- ☐ Reason for exam (e.g., initial, restaging, or surveillance)
- ☐ Treatment type and dates
- ☐ Type of PET being done, including tracer (e.g., FDG, F-18 sodium fluoride, or other tracer)
- ☐ Signs and symptoms of disease

Looking for a specific exam?

The following pages list the information that is typically required for specific PET oncology exams and associated diagnoses. Not all information is needed for every exam, and sometimes additional information is required, however to be thoroughly prepared it is suggested to gather this information from or have access to the patient's chart prior to starting your order request.

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BRAIN and SPINAL CORD CANCER

- ☐ Biopsy, results, and date (if done)
- ☐ Signs or symptoms of cancer
- ☐ Any spread to other parts of the body
- ☐ Treatment history (e.g., type of treatment and dates)
- ☐ PET done post completion of treatment; results and date
- ☐ Concern that cancer has returned based on signs or symptoms
- ☐ Type of PET (e.g., brain, standard FDG body PET, PET bone scan with F18- sodium fluoride, or other non FDG tracer)

BREAST CANCER

- ☐ Biopsy, results, and date (if done)
- ☐ Workup for metastatic disease (if done)
- ☐ Type of PET (e.g., PET mammography [PEM], standard FDG body PET, PET bone scan with F18- sodium fluoride, or other non FDG tracer)
- ☐ Treatment history (e.g., type of treatment and dates)
- ☐ All treatment completed
- ☐ PET done post completion of treatment; results and date
- ☐ Metastatic disease known or suspected
- ☐ Other imaging suspicious for metastasis (type, result, and date)
- ☐ Suspected metastasis based on symptoms or other physical exam findings
- ☐ Concern that cancer has returned based on signs, symptoms, or other imaging exams
- ☐ Stage of tumor (e.g., 0, IA or IB, II, III, or TNM stage)

CERVICAL CANCER

- ☐ Biopsy, results, and date (if done)
- ☐ Workup for metastatic disease (if done)
- ☐ Type of PET (e.g., standard FDG body PET, PET bone scan with F18- sodium fluoride, or other non FDG tracer)
- ☐ Treatment history (e.g., type of treatment and dates)
- ☐ All treatment completed
- ☐ PET done post completion of treatment; results and date
- ☐ Suspected metastasis based on symptoms or other physical exam findings

COLORECTAL, HEAD and NECK, MELANOMA or NEUROENDOCRINE TUMOR

- ☐ Type of PET (e.g., standard FDG body PET, PET bone scan with F18- sodium fluoride, or other non FDG tracer)
- ☐ Biopsy, results, and date (if done)
- ☐ Signs or symptoms of cancer
- ☐ Treatment history (e.g., type of treatment and dates)
- ☐ All treatment completed
- ☐ PET done post completion of treatment; results and date
- ☐ Metastatic disease known or suspected
- ☐ Concern that cancer has returned based on signs or symptoms

ADDITIONALLY:

- ☐ For neuroendocrine tumor: pathology of tumor

LEUKEMIA and LYMPHOMA

- ☐ Confirmed or suspected cancer or evaluation of chronic lymphocytic leukemia (CLL)
- ☐ Type of PET (e.g., standard FDG body PET, PET bone scan with F18- sodium fluoride, or other non FDG tracer)
- ☐ Concern that cancer has returned or progressed based on signs, symptoms, or other imaging
- ☐ Signs or symptoms of cancer
- ☐ Treatment history (e.g., type of treatment and dates)
- ☐ All treatment completed
- ☐ PET done post completion of treatment; results and date
- ☐ For lymphoma: biopsy, results, and date (if done)

LUNG CANCER

- ☐ Type of PET (e.g., standard FDG body PET, PET bone scan with F18- sodium fluoride, or other non FDG tracer)
- ☐ Biopsy, results, and date (if done)
- ☐ Signs or symptoms of cancer
- ☐ Treatment history (e.g., type of treatment and dates)
- ☐ All treatment completed
- ☐ PET done post completion of treatment; results and date
- ☐ Metastatic disease known or suspected
- ☐ Concern that cancer has returned based on signs or symptoms

ADDITIONALLY FOR SOLITARY PULMONARY NODULE (single nodule):

- ☐ Specific size of pulmonary nodule

MELANOMA

- ☐ Type of PET (e.g., standard FDG body PET, PET bone scan with F18- sodium fluoride, or other non FDG tracer)
- ☐ Biopsy, results, and date (if done)
- ☐ Signs or symptoms of cancer
- ☐ Treatment history (e.g., type of treatment and dates)
- ☐ Regional lymph nodes staged?

MYELOMA

- ☐ Type of PET (e.g., standard FDG body PET, PET bone scan with F18- sodium fluoride, or other non FDG tracer)
- ☐ Biopsy, results, and date (if done)
- ☐ Signs or symptoms of cancer
- ☐ Treatment history (e.g., type of treatment and dates)

PARANEOPLASTIC SYNDROME

- ☐ Type of PET (e.g., standard FDG body PET, PET bone scan with F18- sodium fluoride, or other non FDG tracer)
- ☐ Any prior PET for this diagnosis

THYROID CANCER

- ☐ Biopsy, results, and date (if done)
- ☐ Thyroid cancer type (on pathology report; e.g., follicular, papillary, etc.)
- ☐ History of radioactive iodine imaging, results and date (if done)
- ☐ Stimulated thyroglobulin level
- ☐ Any positive antithyroglobulin antibodies on testing
- ☐ Type of PET (e.g., standard FDG body PET, PET bone scan with F18- sodium fluoride, or other non FDG tracer)
- ☐ Metastatic disease known or suspected
- ☐ Treatment history (e.g., type of treatment and dates)
- ☐ All treatment completed
- ☐ PET done post completion of treatment; results and date
- ☐ Concern that cancer has returned based on signs or symptoms

OTHER CANCERS NOT LISTED ABOVE (including PROSTATE and UROGENITAL)

- ☐ Type of PET (e.g., standard FDG body PET, PET bone scan with F18- sodium fluoride, or other non FDG tracer)
- ☐ Biopsy, results, and date (if done)
- ☐ Signs or symptoms of cancer
- ☐ Treatment history (e.g., type of treatment and dates)
- ☐ All treatment completed
- ☐ PET done post completion of treatment; results and date
- ☐ Metastatic disease known or suspected
- ☐ Concern that cancer has returned based on signs or symptoms

OSTEOMYELITIS

- ☐ Type of PET (e.g., standard FDG body PET, PET bone scan with F18- sodium fluoride, or other non FDG tracer)
- ☐ Location of osteomyelitis (e.g., axial [skull, spine/vertebrae, ribs, or sternum] or peripheral/appendicular [includes bones of extremities])
- ☐ Chronic or acute process