

# Molecular Imaging and Theranostics (Nuclear Medicine) REQUISITION

- |   |                   |                              |
|---|-------------------|------------------------------|
| <input type="checkbox"/> University Hospital (UH)                       | Fax: 519-663-3860 | Tel: 519-663-3433            |
| <input type="checkbox"/> Victoria Hospital (VH)                         | Fax: 519-667-6734 | Tel: 519 685-8300 ext. 56274 |
| <input type="checkbox"/> St. Joseph's Health Care London (St. Joseph's) | Fax: 519-646-6135 | Tel: 519-646-6000 ext. 64137 |

## 1. PATIENT INFORMATION (attach label or complete):

Last name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Gender: M F Date of birth (YYYY/MM/DD): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Alternate Phone: \_\_\_\_\_

## 2. INSURANCE/ BILLING / RESEARCH

Health card number: \_\_\_\_\_  
 Version Code: \_\_\_\_\_  
 WSIB #: \_\_\_\_\_  
 Accident date: \_\_\_\_\_  
 Approval/CRIC # \_\_\_\_\_  
 Other: \_\_\_\_\_

## 3. REFERRED BY (please print):

Name: \_\_\_\_\_  
 OHIP#: \_\_\_\_\_  
 Tel.: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 CC Physician: \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
 Date: \_\_\_\_\_

## 4. CLINICAL INDICATION:

Height \_\_\_\_\_ cm / in Weight \_\_\_\_\_ kg / lb  
 Pregnancy/Breastfeeding? Yes No

## 5. IMAGING & FUNCTIONAL STUDIES REQUESTED

### Brain:

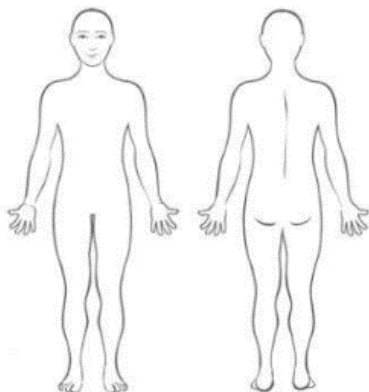
- ☐ Cerebral Blood Flow (Dementia)
- ☐ CSF Leak
- ☐ CSF Circulation (Hydrocephalus)
- ☐ CSF Shunt

### Endocrine:

- ☐ Parathyroid Scan
- ☐ Thyroid Uptake + Scan
- ☐ Thyroid Metastatic Survey
- ☐ MIBG

### Lymphatic:

- ☐ Lymphangiogram
- ☐ Sentinel Node (mark location below)  
 Surgery D/T \_\_\_\_\_  
 Surgery site: UH VH SJH  
**Mark location with X on image:**



### Biliary:

- ☐ HIDA (Cholecystitis)
- ☐ HIDA (Post Cholecystectomy)
- ☐ Biliary Leak
- ☐ Biliary Atresia

### Pulmonary:

- ☐ V/Q (Pulmonary Embolism)
- ☐ V/Q (Pulmonary Hypertension)
- ☐ Quantitative Lung Study
- ☐ Aspiration Study

### Skeletal:

- ☐ Bone Scan
- BMD (Bone Mineral Density) - Complete**  
*St. Joseph's or LHSC BMD referral form*

### Infection/ Inflammation

- ☐ White Cell Scan
- ☐ Osteomyelitis
- ☐ Abscess Localization
- ☐ Gallium Scan

### Renal:

- ☐ Renogram
- Check for Lasix ☐
- ☐ ACE Inhibitor Renal
- ☐ Cortical Scan (DMSA)
- ☐ GFR (DTPA)

### Cardiac:

- ☐ Myocardial Perfusion Stress Test\*\*
  - ☐ Add Calcium Score
  - ☐ Add CT Angiography
- \*\*Clinic note must be included\*\***
- ☐ Wall Motion & Ejection Fraction (MUGA)
- ☐ Cardiac Shunt Analysis
- ☐ Cardiac Amyloid Study

### GI (Non-Biliary):

- ☐ Gastric Emptying  
 Choose (circle): Solid Liquid
- ☐ Esophageal Motility
- ☐ GI Bleed Localization
- ☐ Meckels Scan
- ☐ Liver/ Spleen Scan
- ☐ RBC Liver
- ☐ Denatured RBC Study (Accessory Spleen)

### Miscellaneous:

- ☐ Dacryoscintigraphy
- ☐ Red Cell Mass
- ☐ Salivary Scan
- ☐ Other (indicate): \_\_\_\_\_

For Nuclear Medicine Use Only: