



CARDIOVASCULAR FDG PET REQUISITION

SPECIAL ACCESS INDICATIONS

Submission (with supporting document) / Information

 CardiacFDGPET@ottawaheart.ca

 (613) 696-7104  (613) 696-7000 ext.14869 ^{*New}

*Last Name _____ *First Name _____ Middle Initial _____

*OHIP # _____ Version _____ *Postal Code _____ *Phone# (xxx) xxx-xxxx _____

*Date of Birth (yyyy-mm-dd) _____ *Sex M F Other Preferred language English French Other

*** Choose a PET centre below:**

Ottawa – University of Ottawa Heart Institute
Mississauga – KMH Cardiology Centres Inc.
Toronto – Princess Margaret Cancer Centre

Hamilton – McMaster University Medical Centre
London – LHSC Victoria Hospital PET Centre
Toronto – Sunnybrook Health Sciences Centre

***Priority:**

- Inpatient
 Outpatient-Urgent
 Outpatient

SUPPORTING DOCUMENTATION REQUIRED (recent < 12 months clinical/consult notes, MR, thoracic CT, echo, holter, ecg, labwork)

I. Indications (choose only one indication and check all applicable boxes per indication)

A. MYOCARDIAL VIABILITY ASSESSMENT (Candidates for cardiac revascularization, transplant or procedures with ischemic LV dysfunction & EF >40%)

B. CARDIAC SARCOIDOSIS (CS)**

- Patients with idiopathic sustained or non-sustained VT and/or high PVC burden >10%
 Patients with a clinical diagnosis of non-ischemic cardiomyopathy to screen for underlying etiology
 Patients with possible arrhythmogenic right ventricular cardiomyopathy
 Other: Patients who do not meet pre-approved criteria and require special access review, Specify: _____

Clinical Information **Required

****Ketogenic diet** prep is required for all cardiac sarcoidosis imaging and/or investigation of infection/inflammation affecting the heart or its adjacent structures.

Required documentation for ALL CS evaluation => recent clinic/consult note and one or both of the following:

- Cardiac MRI suggestive of CS Abnormal CT thorax suggestive of pulmonary sarcoidosis and/or hilar or mediastinal lymphadenopathy

C. CARDIOVASCULAR INFLAMMATION OR INFECTION**

- Implantable Cardiovascular Devices Aortitis
 Infective Endocarditis ARVC,AIC
 Myocarditis Vasculitis
 Pericarditis Other Infection or Inflammatory process (specify) _____

Note: Cardiac FDG PET imaging may not be able to distinguish CS scar and inflammation from hibernating myocardium or other forms of myocardial inflammation. This should be considered when ordering the test and interpreting the findings

II. Prior Relevant Testing (Check all that apply)

- Cardiac MRI ECHO Coronary Angio Pulmonary Testing Other Test (specify below) _____
 Thoracic CT Stress Imaging Cardiac CTA MUGA _____

III. Pertinent Clinical Information (Indicated 'Yes' or 'No' for all)

NYHA Class II III IV MI in past 30 days Yes No Previous PCI Yes No
Diabetes Yes No Pacemaker/AICD/CRT Yes No Previous CABG Yes No

Physician Contact (complete all sections):

*Name (print) _____
Last Name First Name
*Phone # _____ ext. _____
*Fax # _____ (xxx)-xxx-xxxx
*Email@ _____ ^{*Required}
*Date of request _____ (yyyy-mm-dd)

Data Centre Use Only

Date Received: [][]/[][]/[][] Reviewers Approved Yes No
Date Authorized: [][][][]/[][][][]/[][][][] (yyyy-mm-dd) Yes No
Authorized by: _____ Yes No
Final Approved : Yes No Incompleted
FDG-PET ID: [][] - [][][][] - [][][][] (ver.2023-06)
PET centre number ID