Patient (Name + Date of birth + Adress):

Patient´s:phone number:

Universitätsklinikum Tübingen

PET – Center

Department of Radiology

Otfried-Müller-Str. 14 • 72076 Tübingen

Tel: 07071 / 29 - 83424

Fax: 07071 / 29 - 4501

Referring physican:

Request for a PET - Examination

Please note:

- **FASTING REQUIRED FOR CERTAIN EXAMINATIONS (FDG)**
- **ADEQUATE HYDRATION (UNSWEATENED TEA, WATER)**
- **PLEASE PROVIDE RECENT CT/MRI IMAGES (CD) + REPORT!**

Study patient: ☐ **yes**, **Study name:** ☐ **no** **MTB-patient:** ☐ **yes** ☐ **no**

Diagnosis and clinical question (incl. histology if applicable):

NET: Ki67 value

Prostate Cancer: Last 3 PSA values

PET/MR absolutely necessary? ☐ Whole body ☐ Parial body – indication:

Operation	☐ yes, when/location:	☐ no
Chemo- / Hormone therapy	☐ yes	☐ no
+ Sandostatin for NET	Date of last administration:	Next administration:
Radiation therapy	☐ yes, when completed:	☐ no
Previous examinations	☐ yes, modality / when /where:	☐ no

Provide all relevant documents!

Outpatient ☐ ☐ Inpatient, phone:

Health insurance name: ☐ Statutory (referral required) ☐ Self-payer (IGEL) ☐ Private

Height / Weight: cm / kg

Current creatinine: mg/dl

Laboratory values (not older than 2-3 weeks!):

TSH basal: **mU/l**

Hyperthyroidism	☐ yes (please block thyroid!)	☐ no
Pregnancy	☐ yes	☐ no
Diabetes mellitus	☐ yes ☐ Type 1 ☐ Type 2	☐ no, **Fasting blood glucose:** **mg/dl**
NOTE:Metformin preparations must be discontinued on the day of the examination!		**Medication**:
Claustrophobia?	☐ yes ☐ Sedation tablet sufficient? ☐ Short anesthesia necessary?	☐ no
Contrast agent allergy	☐ yes	☐ no
Metal implants	☐ yes please bring implant/ prothesis passport	☐ no
Pacemaker / Defibrillator	☐ yes - MR-compatible? yes	☐ no
Artificial heart valve	☐ yes - MR-compatible? yes	☐ no
Neurostimulator	☐ yes - MR-compatible? yes	☐ no

Preferred appointment + possible alternative:

Name, phone, fax of referring physican **Date, Signature**

For PET Center use only – Do not fill in

Radiology: Clinical indication

Date: Pysican:

Nuclear medicine: Clinical indication

Tracer: Radioactivity: MBq

Date: Pysican:

Appointment: Date Time