

Case Registration Form

National Oncologic PET Registry

- This form will be completed by the PET facility via Web-based data entry.
 - The PET scan and the Pre-PET form must be completed within 2 weeks of registering the patient. The pre-PET form must be completed (and data entered on the Registry web site) no earlier than 2 weeks before the PET scan and no later than midnight on the day of the PET scan
 - Upon form completion a case number will be assigned.
 - The referring clinician may elect to complete and submit the Pre-PET Form at the time of referral. If the clinician did not submit a Pre-PET Form with the referral, a case specific Pre-PET Form will be sent electronically with the e-mail confirmation of case registration to the PET facility for delivery to the referring physician.
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PET Facility Log-in Info (facility ID# & password): _____

1. PATIENT INFORMATION

Date: ____/____/____

First Name: _____ Last Name: _____

Date of Birth ____/____/____

SSN#: _____

Gender: Male Female

Ethnicity: Hispanic Not Hispanic Unknown [Note: "Hispanic" is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.]

Race: *(must check one)*

- Asian
- Black or African American
- White or Caucasian
- Other
- Unknown

Patient's 5-Digit Zip Code (if outside the U.S. enter 00000): ____ ____ ____ ____ ____

2. REFERRING PHYSICIAN INFORMATION

UPIN#: _____

First Name: _____ Last Name: _____

Office Telephone: (____) _____ Office Fax: (____) _____

3. HAS THE PRE-PET FORM BEEN COMPLETED?

(if Yes is checked the PET facility will not be E-mailed a Pre-PET form to complete)

Yes No

4. PATIENT IS SCHEDULED TO HAVE A PET SCAN ON: ____/____/____

(must be within 14 days of registration)

5. NAME OF PERSON SUBMITTING THIS FORM

First Name: _____ Last Name: _____ Date: _____