

# Case Registration Form

## National Oncologic PET Registry

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- 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: \_\_\_\_\_