

NPC-2016 Registry - Request form for reference evaluation of PET

Nasopharynxcarcinoma-Registry
Sektion Päd. Hämatologie, Onkologie und
Stammzelltransplantation
Klinik für Kinder- und Jugendmedizin
Uniklinik RWTH Aachen
Pauwelsstraße 30

D-52074 Aachen

Name: _____

Hospital stamp / Address:

Shades areas to be filled out by sender

Patient: _____

Date of birth: _____

Date of imaging studies: _____

Date of biopsy: _____

Examination protocol:

Applied activity: _____

Blood sugar level: _____

Type of data acquisition: 2D 3D

Type of reconstruction _____

Acquisition time per bed position _____

Scanner type _____

Time between application of FDG and data acquisition _____

Reference evaluation of PET at diagnosis

Prof. F. Mottaghy, Dep. of Nuclear Medicine, University Hospital Aachen

Primary tumor

SUV max.: _____

typical for malignancy nonspecific physiological

Lymph nodes

cervical left

SUV max: _____

cervical right

SUV max: _____

other: _____

SUV max: _____

Distant metastases: no yes

If yes: localization: _____

Remarks

Date

Signature