Prostate MRI Imaging, PET/CT and/or MR-Targeted Biopsy Order Form

Please choose one or more options:

- **Surgical Staging + 3D Volume (IMG5564+IMG5603)**
  - Endorectal coil provides the highest resolution to identify T2 vs. T3 disease. Includes DCE + DWI, pelvic bones, and lymph nodes. Always with contrast.
  - Common uses:
    - Surgical staging
    - Spectroscopic imaging
    - Active surveillance
  - Options:
    - Spectroscopy

- **Locoregional Staging + 3D Volume (IMG5563+IMG5603)**
  - MRI **without** an endo-rectal coil identifies suspicious areas as well as abnormal lymph nodes and bone lesions.
  - Common uses:
    - Brachytherapy planning
    - Radiotherapy planning
    - Biochemical failure
  - Options:
    - Add abdomen
    - No contrast (IMG5562+IMG5603)

- **Focused + 3D Volume (IMG5563+IMG5603)**
  - Prostate-only scan with DCE + DWI but without endorectal coil limits patient’s time in the scanner.
  - Common uses:
    - Biopsy planning
    - Active surveillance
    - Follow-up
    - Abnormal PSA but negative biopsy
  - Options:
    - No contrast (IMG5562+IMG5603)

- **Targeted MRI Guided Biopsy (IMG5587)**
  - Targeted biopsy of a suspicious area found on prostate MRI (local or non-UCLA). MRI confirms needle placement. Takes about 1 hour of table time. Uses conscious sedation.
  - Scheduled separately from diagnostic MRI.

**68Ga-PSMA-11 PET/CT (IMG5245) Prostate**
(Only in Westwood - Nuclear Medicine. **Schedule NucMed: 310-794-1005**)
(Scheduler Notes: IRB 16-001095 (Recurrent) with 20mg IV Lasix (if not contraindicated) and 68Ga-PSMA-11, 5mCi)

**History/Indication/Dx:**

Do any of the following apply to this order?
- Planned robotic prostate surgery
- Deciding on surgery vs. other treatment planning
- Abnormal PSA but negative biopsies candidate
- Other: ________________________________

When was the last biopsy (date)? __________________ Result? __________________

What is the PSA (if known)? __________________ From what date? ________________

Next clinic appointment date? __________________ Surgery/treatment date? ________________

What kind of surgery/treatment is planned?

Do any of the following apply to your patient?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Condition</th>
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<tbody>
<tr>
<td></td>
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<td>Diabetes? If so, is it controlled with:</td>
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<td>Insulinoma (pancreatic tumor that secretes insulin)?</td>
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<td>Hemorrhoids or rectal bleeding?</td>
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<td>Part of a clinical trial? Which? __________________</td>
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<td>Anal fissure or similar condition?</td>
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<td>Prior surgery to the anus or rectum or prostate?</td>
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<td>Prior radiation therapy to the pelvis?</td>
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<td>Metal in hips or pelvis? What kind? __________________</td>
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<td>Inflammatory bowel disease or other rectal inflammation?</td>
</tr>
</tbody>
</table>

Ordering Provider: Print: __________________________ Date: ________________

Signature: __________________________

radiology.ucla.edu/prostate

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