

## Prostate MRI Requisition Supplementary Form

This form must accompany the Sunnybrook Health Sciences Centre "Request for MRI Consultation Form" for all Prostate MRI referrals.

**Patients with hip prosthesis cannot undergo MRI for indications 1 and 2 because of image artifact which limits the ability to localize tumor.**

### PATIENT INFORMATION

Patient Name (First, Last): \_\_\_\_\_

Sunnybrook MRN: \_\_\_\_\_

or Health Card: \_\_\_\_\_

DOB: \_\_\_\_\_

### PATIENT IDENTIFICATION

### Indications (check which applies to your patient)

**For indications 1, 2 and 3:** Race:  Caucasian  African  Hispanic  Other (specify): \_\_\_\_\_  
 Father, Brother or Son has prostate cancer:  Yes  No  
 Digital Rectal Exam:  Pos  Neg

1.  **High Risk with prior Negative Biopsy for Cancer (Treatment Naïve)**

**Last PSA\*** - required within **last 6 months**: Date: DD / MMM / 201\_\_\_\_ PSA Level: \_\_\_\_\_ng/mL

\* If not available within the last 6 months must be done before MRI will be booked

Risk Factors:  PSA rising:  PSA > 4 ng/mL  DRE+  Other: \_\_\_\_\_

Receiving 5 alpha-reductase inhibitors

2.  **Low Risk on Active Surveillance Needing Biopsy (Treatment Naïve)**

Date enrolled on active surveillance: DD / MMM / YYYY

**Last PSA\*** - required within **last 6 months**: Date: DD / MMM / 201\_\_\_\_ PSA Level: \_\_\_\_\_ng/mL

\* If not available within the last 6 months must be done before MRI will be booked

Indications (all that apply):  PSA rising  DRE+  Scheduled Biopsy  ~1yr  ~3yr  >3yr

Receiving 5 alpha-reductase inhibitors

3.  **Pre-op or Pre-Radiation Staging**

Date scheduled for treatment: DD / MMM / YYYY

**Last PSA\*** - required within **last 6 months**: Date: DD / MMM / 201\_\_\_\_ PSA Level: \_\_\_\_\_ng/mL

\* If not available within the last 6 months must be done before MRI will be booked

Receiving 5 alpha-reductase inhibitors  Receiving anti-androgen therapy

4.  **Re-staging Post Therapy – assess tumor location for salvage**

Post-radiation  Post prostatectomy  Post focal therapy Specify: \_\_\_\_\_

**Last PSA\*** - required within **last 6 months**: Date: DD / MMM / 201\_\_\_\_ PSA Level: \_\_\_\_\_ng/mL

\* If not available within the last 6 months must be done before MRI will be booked

Receiving 5 alpha-reductase inhibitors  Receiving anti-androgen therapy

5.  **Pelvis for Radiation Planning - Not for local recurrence localization**

**(Contraindicated for CT planning scan – Hip Prosthesis)**

Note: For patients with prostate cancer, MRI's for bone metastases do not require this form.

**Mandatory: Indications 2 & 3 the last biopsy report must be enclosed. If a biopsy report is not available please answer the following questions (if not, request will be returned):**

Year and month of last biopsy: YY / MM Number of positive cores: \_\_\_\_\_

Sites of Cancer (start with highest Gleason score):

1: Side or site \_\_\_\_\_ Gleason score (indicate in x+x format) \_\_\_\_ + \_\_\_\_ max % core positive: \_\_\_\_\_

2: Side or site \_\_\_\_\_ Gleason score (indicate in x+x format) \_\_\_\_ + \_\_\_\_

3: Side or site \_\_\_\_\_ Gleason score (indicate in x+x format) \_\_\_\_ + \_\_\_\_