

⁶⁸Ga-DOTANOC- PET/CT

Verification of Patient Eligibility for Expanded Access IND

Patient Name:	Patient ID:
Gender:	Date of birth:
Referring Physician:	Ref Office Ph. #:

Indication for ⁶⁸Ga-DOTANOC- PET/CT *

- NEN patient, who is a potential candidate for multi-visceral organ transplant (MVOT), to determine extent of disease.
- Patient with biopsy-proven NEN or NESSTR, where there is clinical need to determine extent of disease or location of unknown primary.
- Patient with strong clinical suspicion of NEN or NESSTR, where conventional imaging results (e.g. ¹¹¹In-Octreoscan) have failed to establish diagnosis and there is concern for false negative exam results.

Prior Octreoscan Study Date:

- Assessment Patient with NEN or NESSTR who has had disease-specific treatment and where there is clinical need to establish interim response to therapy or evaluate for disease recurrence.t of eligibility for liver transplant for patients meeting criteria.

**Intended for Neuroendocrine Neoplasia (NEN) or other neoplasms expressing somatostatin receptors (NESSTR), such as astrocytomas and meningiomas in the brain; adrenal medullary tumors (pheochromocytoma, neuroblastoma, ganglioneuroma), medullary thyroid cancer, renal cell cancer, pituitary adenomas, paragangliomas, and patients with primary tumor-induced osteomalacia.*

Is patient receiving Octreotide, or another somatostatin-receptor-binding drug, therapeutically? Yes No

If yes, Drug: Dose:

Date of last administration: Date of next planned administration:

Scan date should be coordinated to occur *just prior to the next planned dose.*

Is a contrast enhanced CT scan indicated/needed, independent of the ⁶⁸Ga-DOTA-NOC study? Yes No

Other relevant medical history:

Referring physician's clinical objectives for this diagnostic study?

**NOTE: The cost of production of the ⁶⁸Ga-DOTA-NOC radiopharmaceutical is \$2,443. The patient will receive a bill for a negotiated amount of \$100.00, in addition to the technical charge for performance (\$12,210) and professional analysis (\$593) for the PET/CT scan. The referring physician will need to obtain pre authorization from the patient's insurance to cover these expenses, based on clinical need. A physician's order is required with the submission of this eligibility form.*

To be completed by Nuclear Medicine Physician:

Patient satisfies eligibility criteria of the Expanded Access IND: YES NO

NM Physician Digital Signature

Please email to ORI Scheduling at
 orisched@iu.edu