

NATIONAL LUNG CANCER SCREENING PROGRAM IMAGING REQUEST



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LUNG CANCER
SCREENING
PROGRAM

The low-dose CT (LDCT) scan is fully funded under Medicare. However, your doctor may charge a consultation fee for the request and any follow-up required.

Patient Details (or affix label)

Patient name:

Address:

DOB: / /

Phone:

Medicare number: Ref:

Aboriginal/Torres Strait Islander origin:

- ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Strait Islander
☐ Prefer not to answer

Clinical Information

☐ This patient meets the eligibility criteria of the National Lung Cancer Screening Program

Type of screening test:

☐ 2 yearly scan: ☐ New participant OR ☐ Participant returning for two-year scan

OR

☐ Interval scan to monitor previous findings
(1,2,3, 6 or 12 month interval scan as determined in previous NLCSP LDCT report)

☐ Any previous chest CT Date (if known): / /

Radiology provider/location (if known):

☐ Family history of lung cancer in a first-degree relatives (only required for first/baseline LDCT)
(First-degree relatives include parents, siblings or children)

History of any cancer ☐ No ☐ Yes (if yes, provide details)

Additional clinical / other notes, if required

Requesting Practitioner (or affix label)

Name:

Provider Number:

Address:

Phone:

Fax:

Signature:

Date: / /

Send copy to:

Your personal information, including results of low-dose CT scans and other CT imaging completed for the purposes of screening as part of the NLCSP, may be shared between your treating healthcare providers for the purposes of the NLCSP. For example, if you attend different radiology providers for your first low-dose CT scan and your second low-dose CT scan, the first radiology provider may disclose your low-dose CT images to the second radiology provider to facilitate comparison of the results of the two low-dose CT scans. By participating in the NLCSP, you consent to the use of your personal information by healthcare providers, specialists and radiologists, for the purposes of the program, and the disclosure and collection of your personal information between healthcare providers, specialists and radiologists for the purposes of the program.



For Patients:
Book your
St Vincent's Private
Radiology appointment.



For Doctors:
Sign up for digital
report download and
external image viewing.



National Lung Cancer Screening Program at St Vincent's Hospital (NLCSP)

Screening Low Dose CT (LDCT) scans, bulk billed - How to Book

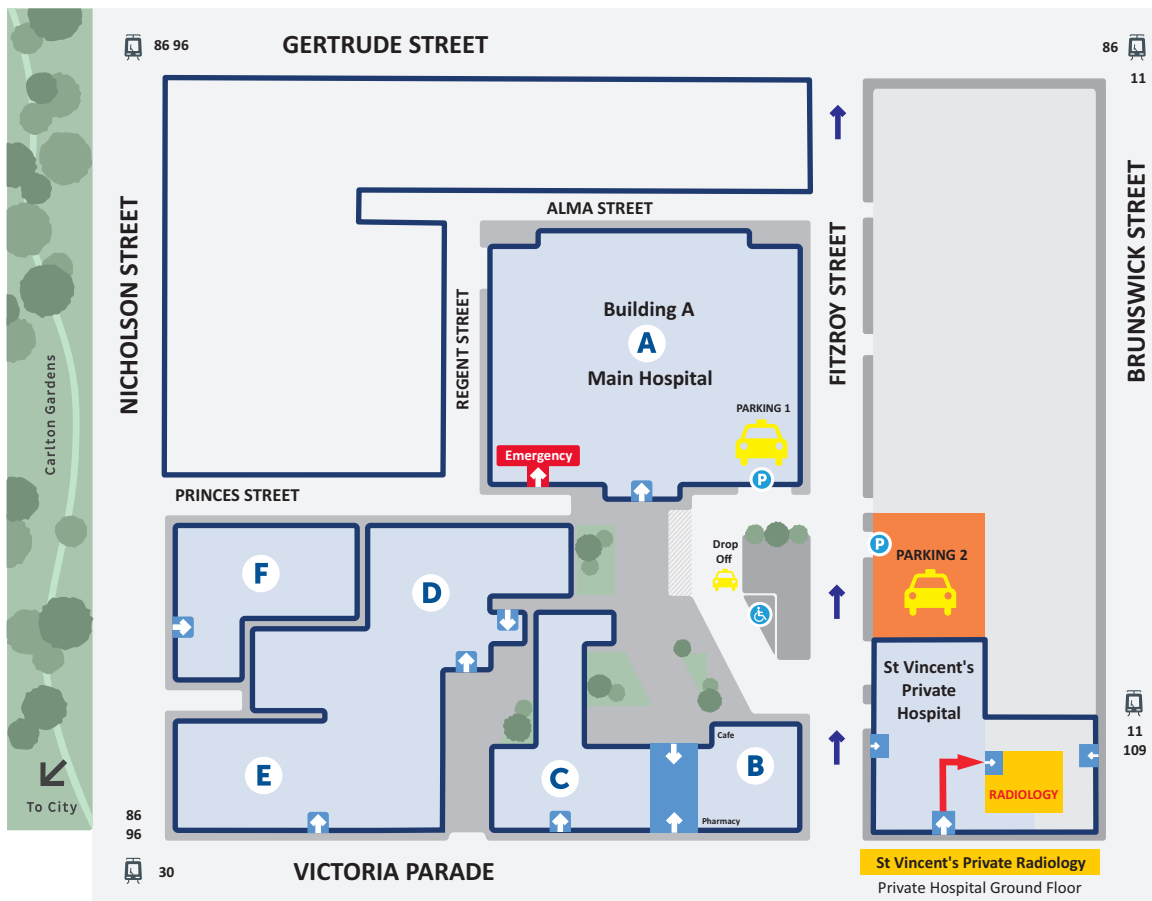
Phone: (03) 9231 1000
Fax: (03) 9231 1005
E-mail: svpr@svha.org.au

Imaging Location: St Vincent's Private Hospital FITZROY

59 Victoria Parade, Fitzroy Vic 3065

Ground floor in the new Tower Building (opposite St Vincent's Plaza tram stop #12)

Opening Hours: 8.00am - 5.30pm Monday to Friday



FREE PARKING

for Patients
attending
St Vincent's
Private Radiology
(SVPR)

Please park in
"Parking 2"
and bring your
ticket to SVPR
reception for
validation.



Respiratory and Actionable Additional Findings Referral Services Available:

All **High Risk** and **Very High Risk** category findings require referral to Respiratory Physician linked to Lung Cancer Multidisciplinary Team (MDT) as per NLCSP guidelines.

All **Actionable Additional Findings** requiring a Specialist review can be referred to St Vincent's Hospital for appropriate Specialty follow-up as below.

Referral process - Fax all referrals to:

Non-Urgent: (03) 9231 3489
Urgent: (03) 9231 2910 **Business Hours:** 8.00am - 6.00pm Monday to Friday

For more information: <https://www.health.gov.au/our-work/nlcsp>