

NATIONAL LUNG CANCER SCREENING PROGRAM

IMAGING REQUEST



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:

MBI

Are you of Aboriginal and/or Torres Strait Islander origin:

☐ No ☐ Yes

☐ 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 ☐ 9 ☐ 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 relative (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

☐ Referring Practitioner has registered the patient via the NCSR

Requesting Practitioner (or affix label)

Name:

Provider Number:

Address:

Phone:

Fax:

Signature:

Date: / /

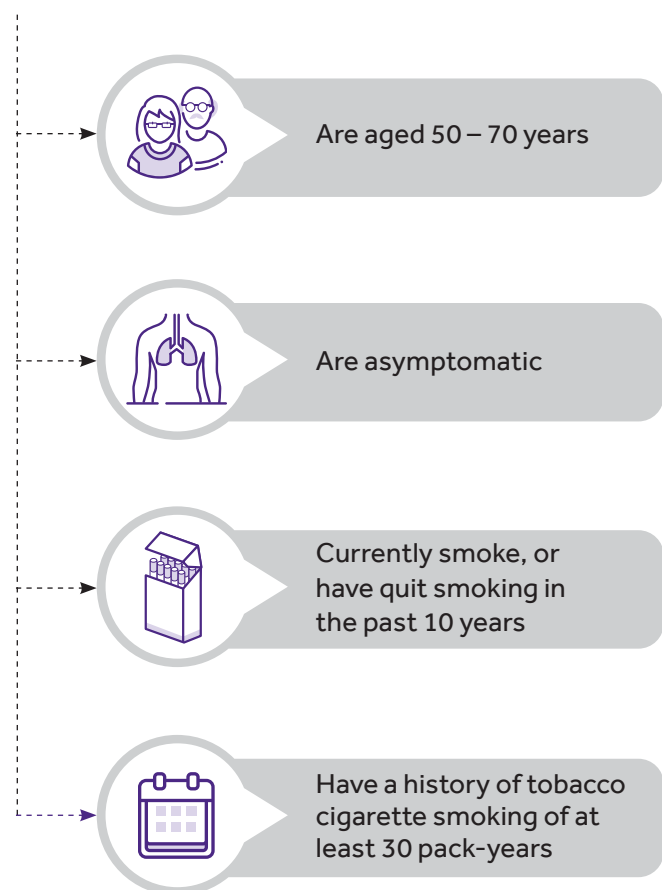
Send copy to:

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.



Who is eligible?

This scan is recommended for patients who:



Patients do not need to quit smoking to participate in the program.

Eligibility is based on age, smoking history, and whether the patient is suitable for screening based on specific criteria (e.g. the ability to lie flat for a low-dose CT scan).

What is a pack-year?

A pack-year is a way of measuring how much a person has smoked over time.

It is calculated by multiplying the number of cigarette packs smoked per day by the number of years the person has smoked.

Examples of 30 pack-years:

- 1 pack (20 cigarettes) per day for 30 years
- 2 packs (40 cigarettes) per day for 15 years

To be eligible, patients must have:

- Smoked at least 30 pack-years and still smoke, or
- Smoked at least 30 pack-years and quit within the last 10 years

Referring a patient

1. Confirm eligibility for screening
2. Assess suitability for low-dose CT scan
3. Participate in shared decision-making to decide together if screening is right for them
4. Provide the National Lung Cancer Screening Program privacy information notice
5. Complete the lung cancer screening program low-dose CT scan referral form
6. Enrol the patient in the program through the NCSR confirming their preferred communication method

What patients can expect

- Scans are reviewed by our dedicated Radiologists
- Reports will be structured according to national guidelines
- Ongoing monitoring is the responsibility of the referring doctor and patient
- The National Cancer Screening Register (NCSR) will send reminders when the patient is due for their next screening

For more information:

- Contact your local Business Development Manager: bdms@qscan.com.au
- More details at health.gov.au/our-work/nlcsp