

DIARRHEA SYNDROME (ICD-9 CODE: 787.91)

NAME: _____ **DATE:** _____

Patient Identifier: _____ **Referring Physician:** _____

LABS:

BLOOD SPECIMENS TO BE SENT TO ISI:

	CPT CODES
___ Plasma 5-HIAA (Z-tube™)*	82542
___ VASOACTIVE INTESTINAL POLYPEPTIDE (VIP) (G.I. tube)*	84586
___ GASTRIN (Plasma or serum)	82941
___ GASTRIN RELEASING PEPTIDE (GRP)(G.I. tube)*	83519
___ PROSTAGLANDIN D2 (PG D2) (Plasma or serum)	84150
___ PANCREATIC POLYPEPTIDE(Z-tube)*	83519
___ CHROMOGRANIN A (Plasma or serum)	86316
___ PANCREASTATIN (Z-tube™)*	83519
___ SUBSTANCE P (if flushing) (Z-tube™)*	83519

*Requires collection with ISI's special preservative tubes. Call: (800)255-2873 for supplies.

SPECIMENS TO BE SENT TO YOUR REGULARY CONTRACTED LAB:

BLOOD SPECIMENS: _____

Calcitonin (MCT)
PTH and PTHRP if hypercalcemic
CGRP (if flushing)

URINE TESTS: _____

5-HIAA (if not collected in blood)
5-HT
VMA
CATECHOLAMINES (IF HYPERTENSIVE)