

## GASTRIC CARCINOID WORKSHEET

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Patient Identifier: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

**RADIOLOGY:**

- NO allergy to IV/Oral iodine confirmed**  
 **Octreoscan** - 24 planar and spect images and 48 hour planar delayed films  
 **C.T. Abdomen/Pelvis** with & without IV contrast (**TRIPLE PHASE**)  
 **C.T. Chest** - with & without IV contrast (**TRIPLE PHASE**)  
 **<sup>123</sup>I-MIBG Scan** - pre-medicate with Lugol's Solution  
 **Abdominal MRI** with and without Gadolinium contrast.

**ROUTINE LABS:**
 **CBC, CMP, PT, PTT**
**LABS:****BLOOD SPECIMENS TO BE SENT TO ISI:**

		<b>CPT CODES</b>
<input type="checkbox"/> Plasma 5-HIAA (Z-tube)*		82542
<input type="checkbox"/> CHROMOGRANIN A (Plasma or serum)	86316	
<input type="checkbox"/> SEROTONIN (Serum only)		84260
<input type="checkbox"/> PANCREASTATIN (Z-tube)*	83519	
<input type="checkbox"/> NEUROKININ A (Z-tube)*		83519
<input type="checkbox"/> SUBSTANCE P (Z-tube)*		83519
<input type="checkbox"/> GHRELIN (if gastric carcinoid); (Z-tube)*	83519	
<input type="checkbox"/> GASTRIN (Plasma or serum)	82941	
<input type="checkbox"/> Octreotide/Sandostatin® Level (Plasma or serum)	80299	
<b>(IF PATIENT ON SANDOSTATIN ONLY: Draw immediately before next dose of Sando/LAR)</b>		
<input type="checkbox"/> Lanreotide/Somatuline® Depot Level (Plasma or serum)	80299	

**(IF PATIENT ON Somatuline® Depot ONLY: Draw immediately before next dose of SOMATULINE)**

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

**TEST FREQUENCY:** \_\_\_\_\_ **IMMEDIATELY** \_\_\_\_\_ **3 MO** \_\_\_\_\_ **6 MO** \_\_\_\_\_ **1 YEAR**

**SPECIMENS TO BE SENT TO YOUR REGULARLY CONTRACTED LABORATORY:**

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Neuron Specific Enolase (NSE)* | <input type="checkbox"/> B-12*       |
| <input type="checkbox"/> Anti parietal cell AB*         | <input type="checkbox"/> Folate*     |
| <input type="checkbox"/> Anti thyroid AB*               | <input type="checkbox"/> Gastric pH* |
| <input type="checkbox"/> Anti islet cell AB*            |                                      |

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**ICD-9 CODES****Primary site**

Duodenum	<input type="checkbox"/> 209.01	<input type="checkbox"/> 209.41
Stomach	<input type="checkbox"/> 209.23	<input type="checkbox"/> 209.63

**CARCINOID SYNDROME** **259.2****METASTATIC SITES:**

Supraclavicular	<input type="checkbox"/> 209.71	Retroperitoneal	<input type="checkbox"/> 209.71	Abdominal	<input type="checkbox"/> 209.71
Liver	<input type="checkbox"/> 209.72	Brain	<input type="checkbox"/> 209.79	Mediastinal	<input type="checkbox"/> 209.71
Bone	<input type="checkbox"/> 209.73	Lung	<input type="checkbox"/> 209.79		