

GLUCAGONOMA INITIAL DIAGNOSIS 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)
- Abdominal MRI** with and without Gadolinium contrast.

LABS:

CBC, CMP, PT, PTT

LABS:

BLOOD SPECIMENS TO BE SENT TO ISI:

GLUCAGONOMA LABS:

		CPT CODES
<input type="checkbox"/> GLUCAGON (G.I. tube)*		82943
<input type="checkbox"/> INSULIN (Plasma or serum)	83525	
<input type="checkbox"/> ACTH (Plasma or serum)		82024
<input type="checkbox"/> GASTRIN (Plasma or serum)	82941	
<input type="checkbox"/> SEROTONIN (Serum only)	84260	
<input type="checkbox"/> VIP (G.I. tube)*		84586

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

SPECIMENS TO BE SENT TO YOUR REGULARY CONTRACTED LABORATORY:

PTH
PTHrP

PROVOCATIVE TESTING

NONE RECOMMENDED

ICD-9 CODES

Primary Site	Malignant	Benign	Uncertain Behavior	Unspecified
Ampulla	___156.2	___211.5	___235.3	___239
Duodenum	___152.0	___211.2	___235.2	___239
Jejunum	___152.1	___211.2	___235.2	___239
Pancreas Body	___157.1	___211.6	___235.5	___239
Pancreas Head	___157.0	___211.6	___235.5	___239
Pancr Islet Cell	___157.4	___211.7	___235.5	___239
Pancreas Neck	___157.8	___211.6	___235.5	___239
Pancreas Tail	___157.2	___211.6	___235.5	___239
Pancreas NOS	___157.9	___211.6	___235.5	___239

Metastatic Sites:			
Supraclavicular	___196.0	Liver	___197.7
Abdominal	___196.2	Bone	___198.5
Mediastinal	___196.1	Lung	___197.0
Retroperitoneal	___196.2	Brain	___191.9

Tumor classification/Syndromes:

MALIGNANT Neoplasm Pancreas, Produces Glucagon Islets of Langerhans 157.4
BENIGN Neoplasm of pancreas produces glucagon islets of Langerhans 211.7

ICD-9 Codes: