

# MEDULLARY CARCINOMA OF THE THYROID INITIAL DIAGNOSIS WORKSHEET

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

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

**RADIOLOGY:**  
**CONSIDER CT SCAN OF NECK**  
**CONSIDER METASTATIC WORK UP**

**LABS:**  
 \_\_\_\_ CBC, CMP, PT, PTT, Carcinoembryonic Antigen (CEA)

<b>MCT LABS:</b>		<b>CPT CODE</b>
CALCITONIN		82308
CONSIDER GENETIC TESTING FOR MCT	HC PCS	53840

**TEST FREQUENCY:**  
 \_\_\_\_ **IMMEDIATELY**

**PROVOCATIVE/SUPPRESSIVE TESTING**  
 NONE: PENTAGASTRIN STIMULATION IS NO LONGER USED

	<b>ICD-9 CODES</b>
MALIGNANT NEOPLASM OF THYROID	193
HYPERSECRETION OF CALCITONIN	246.0
MEN-2A	258.02
MEN-2B	258.03