

SOMATOSTATINOMA 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:

SOMATOSTATINOMA LABS:

SOMATOSTATIN (G.I. tube)*

CPT CODE

84307

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

TEST FREQUENCY:

____ **IMMEDIATELY**

PROVOCATIVE TESTING

NONE RECOMMENDED

ICD-9 CODES	Malignant	Benign	Uncertain Behavior	Unspecified
Primary Site	____ 156.2	____ 211.5	____ 235.3	____ 239
Ampulla	____ 152.0	____ 211.2	____ 235.2	____ 239
Duodenum	____ 152.1	____ 211.2	____ 235.2	____ 239
Jejunum	____ 157.1	____ 211.6	____ 235.5	____ 239
Pancreas body	____ 157.0	____ 211.6	____ 235.5	____ 239
Pancreas Head	____ 157.4	____ 211.7	____ 235.5	____ 239
Pancr Islet Cell	____ 157.8	____ 211.6	____ 235.5	____ 239
Pancreas Neck	____ 157.2	____ 211.6	____ 235.5	____ 239
Pancreas Tail	____ 157.9	____ 211.6	____ 235.5	____ 239
Pancreas NOS				

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 somatostatin Islets of Langerhans

BENIGN Neoplasm of pancreas Produces somatostatin Islets of Langerhans

ICD-9 Codes

157.4

211.7