

## NETS (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"/> Octreotide/Sandostatin® Level (Plasma or serum)	80299

**(IF PATIENT ON SANDOSTATIN ONLY** - Draw immediately before next dose of Sando/LAR)

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

**TEST FREQUENCY:** \_\_\_\_\_ **IMMEDIATELY** \_\_\_\_\_ **3 MO** \_\_\_\_\_ **6 MO** \_\_\_\_\_ **1 YEAR****SPECIMEN TO BE SENT TO YOUR REGULARY CONTRACTED LABORATORY:**
 Neuron Specific Enolase (NSE)

<b>ICD-9 CODES</b>	<b>Malignant</b>	<b>Benign</b>	<b>Uncert Behavior</b>	<b>Unspecified</b>
<b>Primary site</b>	____152	____211.2		
Duodenum	____162.9	____212.3	____235.2	____239.0
Lung-Bronchus	____151.9	____211.1	____235.7	____239.1
Stomach	____183	____220	____235.2	____239.0
Ovary	____164	____212.6	____236.2	____239.5
Thymus	____153.5	____211.3	____235.8	____239.8
Appendix	____154	____211.3	____235.2	____239.0
Colon	____152	____211.2	____235.2	____239.0
Ileum	____152.1	____211.2	____235.2	____239.0
Jejunum	____154.1	____211.4	____235.2	____239.0
			Rectum	____235.2
				____239.0

**CARCINOID SYNDROME** \_\_\_\_\_ **259.2****METASTATIC SITES:**

Supraclavicular	____196	Retroperitoneal	____196.2
Brain	____191.9	Abdominal	____196.2
Liver	____197.7	Lung	____197.0
Mediastinal	____196.1	Bone	____198.5
		Other	____209.79

**LIVER METASTASES**
 **209.72**