

# GHRELINOMA 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)

**LABS:**

\_\_\_ CBC, CMP, PT, PTT

**GREHLINOMA LABS:**

\_\_\_ GHRELIN (G.I. tube)\*  
 \_\_\_ IGF-1  
 \_\_\_ CgA

**CPT CODES**

83519  
 84305  
 86316

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

**PROVOCATIVE TESTING**

NONE RECOMMENDED

**ICD-9 CODES**

<b>Primary Site</b>	<b>Malignant</b>	<b>Benign</b>	<b>Uncertain Behavior</b>	<b>Unspecified</b>
Ampulla	___ 156.2	___ 211.5	___ 235.3	___ 239
Duodenum	___ 152	___ 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	___ 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

<b>Metastatic Sites:</b> 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 ghrelin Islets of Langerhans	ICD-9 codes 157.4
BENIGN Neoplasm of pancreas produces ghrelin Islets of Langerhans	211.7