



Instructions: By providing all information listed below, the most accurate patient-specific risk assessments can be calculated. This form must be filled out completely for an interpretable report to be generated.

Patient Information

Patient Name <i>(Last, First, Middle)</i>	Birth Date <i>(mm-dd-yyyy)</i>
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Referring Provider Information

Requesting Provider Name <i>(Last, First)</i>	Phone	Fax*
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**Fax number given must be from a fax machine that complies with applicable HIPAA regulations.*

Reason for Testing

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Clinical Information (required)

<p>1. 24-hour urine collection date <i>(mm-dd-yyyy)</i>: _____</p> <p>2. Total collection volume and collection duration: _____ mL _____ hours</p> <p>Note: Collections with 22 to 26 hours' duration are accepted; however, results are normalized to 24-hour collections.</p>
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Clinical History (required)

<p>3. Age at diagnosis: _____ years (Patient must be 18 years or older.)</p> <p>4. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>5. Mode of discovery: <input type="checkbox"/> Incidental; adrenal mass discovered incidentally on imaging performed for a reason other than adrenal mass. <input type="checkbox"/> Cancer staging; adrenal mass discovered during imaging performed during staging or monitoring of an extra-adrenal malignancy. <input type="checkbox"/> Other; adrenal mass discovered through any other mode of discovery, not incidental or cancer staging, mainly symptoms of hormonal excess.</p> <p>6. Tumor diameter (mm): _____ mm</p> <p>7. Unenhanced computed tomography (CT): _____ HU (Hounsfield units)</p> <p>8. Hormonal excess: <input type="checkbox"/> Yes – present <input type="checkbox"/> No – absent</p>

Comments/Notes

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Test results cannot be interpreted as absolute evidence for the presence or absence of malignant disease. This test should not form the sole basis for a diagnosis or treatment decision as results must be interpreted within the clinical context of the patient, and should always be used in conjunction with clinical findings.