

Phaeochromocytoma & Paraganglioma Request Information



Family name

Given name(s)

Ethnicity

- Unknown/inadequately described
 Aboriginal/Torres Strait Islander (AU)
 Māori (NZ)
 Other ethnicity:

Date of birth

Date of request

Accession/Laboratory number

Patient identifiers

e.g. MRN, IHI or NHI (please indicate which)

Requesting doctor - name and contact details

Copy to doctor
name and contact details

CLINICAL INFORMATION

OR

- Information not provided

OR

Hormonal status

- Cannot be determined (testing status not known)
 Biochemically silent
 Biochemical analysis not performed
 Biochemically functioning (select all that apply)
 Metanephrine and/or adrenaline
 Normetanephrine and/or noradrenaline
 Methoxytyramine and/or dopamine
 Other, *specify*

Imaging findings

Relevant biopsy/cytology results

Previous therapy (including pre-operative embolization, chemotherapy, radiotherapy, targeted therapy, immunotherapy)

Relevant familial history

Presence of endocrine or other tumours

Germline mutation or familial syndrome

PRINCIPAL CLINICIAN

OTHER CLINICAL INFORMATION

OPERATIVE PROCEDURE (select all that apply)

- Not specified

OR

- Laproscopic
 Organ-sparing
 Biopsy (Incisional, excisional), *specify*

- Open resection, *specify procedure, including other organs if present (e.g. adrenal resection and liver biopsy)*

- Other, *specify*