

Endocrinology Clinic

Fax: 504.903.1605

Fax this form with the Endocrinology Master Referral form when requesting an appointment.

Patient Label/Stamp

Appendix: PHEOCHROMOCYTOMA (ADRENAL MEDULLA)

Pheochromocytoma is suggested by headache, inappropriate and excessive sweating, and palpitations in a patient with paroxysmal or persistent hypertension. A 24 hour urine for catecholamines (epinephrine and norepinephrine) metanephrines, nor-metanephrines, and VMA (current within the past 6 months) are required for this referral. **Please indicate test results on this form and fax it with the Endocrine Clinic Referral Form if the results are not available in CLIQ.**

See Instructions for specimen collection Endocrine Appendix: 24 Hour Urine Collection

Patient Name: _____ Date of Referral: ___/___/___
Date of Birth: ___/___/___ LIH Medical Record Number: _____

	Result:	Lab Range:	Date:
24 hour Urine:			___/___/___
Catecholamines:	_____	_____ - _____	
Metanephrines:	_____	_____ - _____	
Nor-metanephrines	_____	_____ - _____	
VMA	_____	_____ - _____	
Creatinine	_____	_____ - _____	
Urine volume	_____	_____ - _____	

Indicate if the patient is using any of these common interfering Medications:

1. Acetaminophen/Tylenol (ask about all pain meds)
2. Tri-Cyclic Antidepressants
3. Buspirone