



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>
Referring Provider Name <i>(Last, First)</i>	Phone	Fax*

*Fax number given must be from a fax machine that complies with applicable HIPAA regulations.

Reason for Testing

Clinical Information (required)

1. 24-hour urine collection date *(mm-dd-yyyy)*: _____

2. Total collection volume and collection duration: _____ mL _____ hours

Note: Collections with 22 to 26 hours' duration are accepted; however, results are normalized to 24-hour collections.

Clinical History (required)

3. Age at diagnosis: _____ years (Patient must be 18 years or older.)

4. Sex: Male Female

5. Mode of discovery: Incidental; adrenal mass discovered incidentally on imaging performed for a reason other than adrenal mass.
 Cancer staging; adrenal mass discovered during imaging performed during staging or monitoring of an extra-adrenal malignancy.
 Other; adrenal mass discovered through any other mode of discovery, not incidental or cancer staging, mainly symptoms of hormonal excess.

6. Tumor diameter: _____ mm

7. Unenhanced computed tomography (CT): _____ HU (Hounsfield units)

8. Hormonal excess: Yes – present No – absent

Comments/Notes

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.