

MAYO CLINIC | Adrenal Mass Panel LABORATORIES | Patient Information **Patient Information**

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 (Last, First Middle)			Birth Date (mm-dd-yyyy)
Referring Healthcare Professional Inform	nation		
Requesting Healthcare Professional Name (Last, First)		Phone	Fax*
Reason for Testing	*Fax number	l r given must be from a f	fax machine that complies with applicable HIPAA regulations
Clinical Information (required)			
1. 24-hour urine collection date (mm-dd-yyyy):			
2. Total collection volume and collection duration:	mL hours	S	
Note: Collections with 22 to 26 hours' duration are according	epted; however, results are	normalized to 24	-hour collections.
Clinical History (required)			
3. Age at diagnosis: years (Patient must be 1	18 years or older.)		
4. Sex: ☐ Male ☐ Female			
5. Mode of discovery: \square Incidental; adrenal mass d	liscovered incidentally on i	maging performed	I for a reason other than adrenal mass.
☐ Cancer staging; adrenal ma extra-adrenal malignancy.	ass discovered during imag	ging performed du	uring staging or monitoring of an
☐ Other; adrenal mass disco mainly symptoms of horm		ode of discovery,	not incidental or cancer staging,
6. Tumor diameter (mm): mm			
7. Unenhanced computed tomography (CT):	_ HU (Hounsfield units)		
8. Hormonal excess:	bsent		
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.