



Phaeochromocytoma and Paraganglioma Genetic Testing Information Sheet

Patient's full name:

Unit Number:

Date of Birth:

Address:

Phone:

Referring clinician:

Phone:

Address (for result):

FAMILY HISTORY

Relevant family history: Y/N

Please attach a copy of family tree

Details:

PHYSICAL EXAMINATION

Any evidence of

MEN

VHL

Pheochromocytoma/paraganglioma syndrome

NF1

Specifically

Fundoscopy (Normal/Abnormal)

Blood pressure N/Abn

Palpation Neck N/Abn

Abdomen N/Abn

Skin lesions N/Abn

Neurological examination for haemangioblastoma

INVESTIGATIONS (values and normal ranges)

Indicate if not done (ND).

Pathology: site of tumour (**please attach copy of pathology report**)

Catecholamines (at presentation or pre-operatively)

Adrenaline

Noradrenaline

Dopamine

Metanephrine

Normetanephrine

Calcium

Calcitonin

Urinalysis

IMAGING

MIBG

CT scanning

MRI scanning