CONFIDENTIAL DOCUMENT
INFORMATION RELATED TO THE PATIENT'S MEDICAL CONDITION

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Clinical Information Form
Growth Hormone Releasing Hormone (GHRH)

INTERNATIONAL DIVISION
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CLINICIAN

Clinician's name: .....
Service: .....
Address: .....
.....
Post code: ⌊_⌊_⌊_⌊_⌊_⌋ City: .....
Country: .....
Clinician's Email: .....

PATIENT DETAILS

First name(s): .....
Surname: .....
Date of Birth: ⌊_⌊_⌋⌊_⌊_⌋⌊_⌊_⌊_⌊_⌋
Gender: ☐ F ☐ M

Sample Date: ⌊_⌊_⌋⌊_⌊_⌋⌊_⌊_⌊_⌊_⌋

INDICATION FOR GHRH ASSAY

☐ **Testing for acromegaly caused by an ectopic ACTH secretion**

State the date of the acromegaly diagnosis: ⌊_⌊_⌋⌊_⌊_⌋⌊_⌊_⌊_⌊_⌋

- ☐ Routine assessment of clinico-biological acromegaly
- ☐ Clinico-biological acromegaly without image of pituitary adenoma
- ☐ Acromegaly not cured by the pituitary surgery
- ☐ Clinico-biological acromegaly associated with a history of extra-pituitary tumour

State the location and type of tumour: .....

And the diagnosis date: ⌊_⌊_⌋⌊_⌊_⌋⌊_⌊_⌊_⌊_⌋

- ☐ Other: .....

☐ **Routine assessment of endocrine tumour**

☐ **Monitoring of acromegaly caused by an ectopic ACTH secretion**

- ☐ After surgery, date of the surgery: ⌊_⌊_⌋⌊_⌊_⌋⌊_⌊_⌊_⌊_⌋
- ☐ Receiving medical treatment: .....

☐ **Other** - please specify: .....

PITUITARY MRI AT TIME OF ACROMEGALY DIAGNOSIS

Result: .....
.....

BIOLOGICAL ASSESSMENT CARRIED OUT

Date: ⌊_⌊_⌋⌊_⌊_⌋⌊_⌊_⌊_⌊_⌋

	Result	Unit	Reference values	Kit
GH				
GH / HGPO (basal and nadir)				
IGF-1				
Prolactin				
Chromogranin A				
Other secretions				

These tests are performed in partnership with Hospices Civils de Lyon.

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HISTORY OF NEM-1

☐ **Suggestive personal history:** ☐ YES, please specify: .....
☐ NON

☐ **MEN-1 mutation:** ☐ YES ☐ NO ☐ Not tested

☐ **Family history:** ☐ YES ☐ NO

IMAGERY CARRIED OUT TO LOOK FOR AN ENDOCRINE TUMOUR RESPONSIBLE FOR THE SECRETION OF GHRH

☐ **Pulmonary radiography** Result: .....

☐ **Abdominal echography** Result: .....

☐ **CT scan** Site examined:.....
Result: .....

☐ **MRI scan** Site examined:.....
Result: .....

☐ **Isomatostatin receptor scintigraphy** Résultat :.....

☐ **PET scan** Result: .....

☐ **Echo-endoscopy** Result: .....

☐ **Other** Please specify: .....

ENDOCRINE TUMOUR RESPONSIBLE FOR THE SECRETION OF GHRH

Determined ☐ YES ☐ NO

Histological evidence (biopsy, surgery) ☐ YES ☐ NO

Primary location: .....

Size of primary tumour: .....

Presence of metastases upon diagnosis ☐ YES ☐ NO
If yes, locations: .....

Anatomopathological description: .....

GHRH immunostaining ☐ Positive ☐ Negative ☐ Not carried out

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