

Department of Pathology and
Laboratory Medicine

 Patient Information (or affix label)
 Name: _____
 DOB: _____
 M/F _____
 HCN/MRN: _____
 Physician: _____

5 HR Oral Glucose Tolerance Test - SERIAL SAMPLING FORM

For collection inquiries please provide:

Contact name: _____

Contact number: _____

A completed *Laboratory Requisition - Inpatient and Clinic (CD2A)* ** must accompany this form and collected specimens. Time points must be recorded on all specimens. Select testing required. Additional testing for the series can be hand written in the appropriate time point.

Collection date: _____

Time point	Test selection	Tube type **	Collection information	Time of collection
0 min.	<input type="checkbox"/> Glucose	Green	Collected by: _____	<u>HHMM</u>
	<input type="checkbox"/> Insulin	Gold		
	<input type="checkbox"/> C-Peptide	Gold		
30 min.	<input type="checkbox"/> Glucose	Green	Collected by: _____	<u>HHMM</u>
60 min.	<input type="checkbox"/> Glucose	Green	Collected by: _____	<u>HHMM</u>
90 min	<input type="checkbox"/> Glucose	Green	Collected by: _____	<u>HHMM</u>
Preferable to send specimens to the laboratory at this stage – send with the requisition and a copy of this form. Laboratory Receiving - keep this form requisition in the designated area unit the last of the series is received.				
120 min.	<input type="checkbox"/> Glucose	Green	Collected by: _____	<u>HHMM</u>
150 min.	<input type="checkbox"/> Glucose	Green	Collected by: _____	<u>HHMM</u>
180 min.	<input type="checkbox"/> Glucose	Green	Collected by: _____	<u>HHMM</u>
210 min.	<input type="checkbox"/> Glucose	Green	Collected by: _____	<u>HHMM</u>
Preferable to send specimens to the laboratory at this stage – send with a copy of this form. Laboratory Receiving - keep this form in the designated area unit the last of the series is received.				
240 min.	<input type="checkbox"/> Glucose	Green	Collected by: _____	<u>HHMM</u>
270 min.	<input type="checkbox"/> Glucose	Green	Collected by: _____	<u>HHMM</u>
300 min.	<input type="checkbox"/> Glucose	Green	Collected by: _____	<u>HHMM</u>

Attention laboratory receiving: Serial specimens are *IRRETRIEVABLE*.

- Ensure the time point **order comment** is placed on each orderable.
- Place a small aliquot labels on requisition.
- File all copies of this form with the requisition.
- Process all serial specimens within the receiving area, keeping all specimens together with this form.
- A copy of this form must go with the specimens to the testing laboratory divisions.
- Place a Serial Sampling sticker on the bag or rack.

Attention testing laboratory:

Confirm applicable specimens are tested and resulted (*initial and date*): _____

** Collection tube type and requisition is for DPLM CZ. Please refer to your local laboratory collection requirements.