

Department of Pathology and
Laboratory Medicine

**ADRENAL VEIN SAMPLING-
SERIAL SAMPLING FORM**

Samples collected by: _____
Collection date: _____

Patient Information (or affix label)

Name: _____

DOB: _____

M/F

HCN/MRN: _____

Physician: _____

Authorized requestor's information:

Ordering clinician: _____

PRN: _____

Copy to clinician: _____

PRN: _____ Location: _____

For collection inquiries call: 902-473-5327 (Interventional Radiology)

A completed *Laboratory Requisition - Inpatient and Clinic (CD2A)* ** must accompany this form and collected specimens.

Sample site must be recorded on all specimens. Select testing required. Additional testing for the series can be hand written in the appropriate sample site.

******Tube type GOLD for all specimens******

Sample Site	Tube number	Test Selection	Time of Collection
RIGHT Adrenal Vein		<input type="checkbox"/> Cortisol <input type="checkbox"/> Aldosterone	
RIGHT Adrenal Vein		<input type="checkbox"/> Cortisol <input type="checkbox"/> Aldosterone	
RIGHT Adrenal Vein		<input type="checkbox"/> Cortisol <input type="checkbox"/> Aldosterone	
RIGHT Adrenal Vein		<input type="checkbox"/> Cortisol <input type="checkbox"/> Aldosterone	
RIGHT Adrenal Vein		<input type="checkbox"/> Cortisol <input type="checkbox"/> Aldosterone	
RIGHT Adrenal Vein		<input type="checkbox"/> Cortisol <input type="checkbox"/> Aldosterone	
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 until the last of the series is received.			
LEFT Adrenal Vein		<input type="checkbox"/> Cortisol <input type="checkbox"/> Aldosterone	
LEFT Adrenal Vein		<input type="checkbox"/> Cortisol <input type="checkbox"/> Aldosterone	
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 until the last of the series is received.			
IVC Peripheral		<input type="checkbox"/> Cortisol <input type="checkbox"/> Aldosterone	
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IVC Peripheral		<input type="checkbox"/> Cortisol <input type="checkbox"/> Aldosterone	
IVC Peripheral		<input type="checkbox"/> Cortisol <input type="checkbox"/> Aldosterone	
IVC Peripheral		<input type="checkbox"/> Cortisol <input type="checkbox"/> Aldosterone	

Attention laboratory receiving: Serial specimens are IRRETRIEVABLE.

- Ensure the time point **order comment** is placed on each orderable. Aldosterone orderable is /AldoOnly.
- 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.**