



Time stamp (for laboratory use only)

Department of Pathology and
Laboratory Medicine

Patient Information (or affix label)

Name: _____
 DOB: _____
 M/F _____
 HCN/MRN: _____
 Physician: _____

SHORT ACTH STIMULATION 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"/> Cortisol	Gold	Collected by: _____	HHMM
	<input type="checkbox"/> ACTH	Lavender on ice		
60 min.	<input type="checkbox"/> Cortisol	Gold	Collected by: _____	HHMM

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.