



Time stamp (for laboratory use only)

Department of Pathology and
Laboratory Medicine

**ADRENAL VEIN SAMPLING-
SERIAL SAMPLING FORM**

Patient Information (or affix label)

Name: _____

DOB: _____

M/F

HCN/MRN: _____

Physician: _____

For collection inquiries please provide:

Contact name: _____

Contact number: _____

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.

Collection date: _____

Sample Site	Test selection	Tube type **	Collection information	Time of collection
RIGHT Adrenal Vein	<input type="checkbox"/> Cortisol <input type="checkbox"/> Aldosterone	Gold Gold	Collected by: _____	<u>HHMM</u>
RIGHT Adrenal Vein	<input type="checkbox"/> Cortisol <input type="checkbox"/> Aldosterone	Gold Gold	Collected by: _____	<u>HHMM</u>
RIGHT Adrenal Vein	<input type="checkbox"/> Cortisol <input type="checkbox"/> Aldosterone	Gold Gold	Collected by: _____	<u>HHMM</u>
RIGHT Adrenal Vein	<input type="checkbox"/> Cortisol <input type="checkbox"/> Aldosterone	Gold Gold	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.				
LEFT Adrenal Vein	<input type="checkbox"/> Cortisol <input type="checkbox"/> Aldosterone	Gold Gold	Collected by: _____	<u>HHMM</u>
LEFT Adrenal Vein	<input type="checkbox"/> Cortisol <input type="checkbox"/> Aldosterone	Gold Gold	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.				
IVC Peripheral	<input type="checkbox"/> Cortisol <input type="checkbox"/> Aldosterone	Gold Gold	Collected by: _____	<u>HHMM</u>
IVC Peripheral	<input type="checkbox"/> Cortisol <input type="checkbox"/> Aldosterone	Gold Gold	Collected by: _____	<u>HHMM</u>
IVC Peripheral	<input type="checkbox"/> Cortisol <input type="checkbox"/> Aldosterone	Gold Gold	Collected by: _____	<u>HHMM</u>
IVC Peripheral	<input type="checkbox"/> Cortisol <input type="checkbox"/> Aldosterone	Gold Gold	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.