

Department of Pathology and
Laboratory Medicine

GROWTH HORMONE SUPPRESSION TEST- 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.

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"/> Growth Hormone	Gold		
	<input type="checkbox"/> IGF-1	Gold		
30 min.	<input type="checkbox"/> Glucose	Green	Collected by: _____	<u>HHMM</u>
	<input type="checkbox"/> Growth Hormone	Gold		
60 min.	<input type="checkbox"/> Glucose	Green	Collected by: _____	<u>HHMM</u>
	<input type="checkbox"/> Growth Hormone	Gold		

Preferable to send specimens to the laboratory at this stage – send with the requisition and a copy of this form. Laboratory Receiving - keep the original form and requisition in the designated area until the last of the series is received.

90 min.	<input type="checkbox"/> Glucose	Green	Collected by: _____	<u>HHMM</u>
	<input type="checkbox"/> Growth Hormone	Gold		
120 min.	<input type="checkbox"/> Glucose	Green	Collected by: _____	<u>HHMM</u>
	<input type="checkbox"/> Growth Hormone	Gold		

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*): _____