

Clinical Biochemistry Department
Endocrinology Department

**WATER DEPRIVATION TEST
- SAMPLE PRO-FORMA
CLINB-CF-34**

WATER DEPRIVATION TEST - SAMPLE PRO-FORMA

Information required	Please complete here in print or capitals:
Hospital number:	
Patient Name:	
Patient D.o.B.:	
Test Date:	
Laboratory Test Codes:	WDT
Patient Weight in Kg	
97% of Patients Weight in Kg	

PLEASE NOTE: THIS TEST SHOULD BE SUPERVISED BY A DOCTOR (e.g. FY1 or FY2)

Weigh patient at hourly intervals throughout test. If weight drops below 97% (i.e. greater than 3% weight loss) then STOP test (positive result).

Sample requirements: collect blood samples in yellow top (SST) and urine samples in white top universal containers. Please send a separate request form with each set of samples.

TIME	SAMPLES	Urine volume (mL)
08:30	URINE PASSED AND DISCARDED	Not applicable
09:00	COLLECT BLOOD. Label blood with time and 'P1'	Not applicable
09:30	COLLECT URINE and record volume. Aliquot and label with time and 'U1'. Send Blood and Urine (P1 and U1) to Biochemistry with request form	U1 vol:
11:30	URINE PASSED AND DISCARDED	Not applicable
12:00	COLLECT BLOOD. Label blood with time and 'P2'	Not applicable
12:30	COLLECT URINE and record volume. Aliquot and label with time and 'U2'. Send Blood and Urine (P2 and U2) to Biochemistry with request form	U2 vol:
14:30	URINE PASSED AND DISCARDED	Not applicable
15:00	COLLECT BLOOD. Label blood with time and 'P3'	Not applicable
15:30	COLLECT URINE and record volume. Aliquot and label with time and 'U3'. Send Blood and Urine (P3 and U3) to Biochemistry with request form	U3 vol:
16:00	COLLECT BLOOD. Label blood with time and 'P4'	Not applicable
16:30	COLLECT URINE and record volume. Aliquot and label with time and 'U4'. Send Blood and Urine (P4 and U4) to Biochemistry with request form. If test is finished (i.e. DDAVP not to be given) please also send this pro-forma	U4 vol:
Patient may now eat and drink freely.		
If necessary at 16:30 administer DDAVP: 20 mcg intra-nasally or 2mcg i.m.		
17:30	COLLECT URINE and record volume. Aliquot and label with time and 'U5'	U5 Vol:
18:30	COLLECT URINE and record volume. Aliquot and label with time and 'U6'	U6 Vol:
19:30	COLLECT URINE and record volume. Aliquot and label with time and 'U7'	U7 Vol:
20:30	COLLECT URINE and record volume. Aliquot and label with time and 'U8'	U8 Vol:
Send Urines (U5 to U8) to Biochemistry with request form and this pro-forma		
Biochemistry Contact (Senior BMS) x 4991		

Reviewed by: S.K. Moore

Approved by: A.S. Everitt

