

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

**Reviewed by: S.K. Moore**

**Approved by: A.S. Everitt**

