

GLUCOSE TOLERANCE TEST - PAEDIATRIC SAMPLE PRO-FORMA CLINB-CF-31

GLUCOSE TOLERANCE TEST - PAEDIATRIC SAMPLE PRO-FORMA

Hosp.No. M/F Laboratory Test Code: **PGTT**

Name

D.o.B. Test Date: _____

Please complete time sample taken

TIME	TESTS	SAMPLES	LAB. HANDLING	
Basal (0 min.)	GLUCOSE INSULIN** LIPIDS ISLET CELL ANTIBODIES HBA1c	1 x Yellow Fluoride 2 x Orange Li Hep 1 x Red EDTA	Analyse Refer if indicated Analyse Refer if indicated Analyse	<div style="border: 1px solid black; padding: 5px; width: 80px; margin: auto;">HH:MM</div>

** Sample for Insulin must be taken to Clinical Biochemistry immediately, with a copy of this pro-forma. Please also send other Basal samples. Subsequent samples should all be sent together at the end of the test with this pro-forma.

Glucose Load - given as Polycal solution

	Child's weight		Load given	
Polycal by volume	<input style="width: 50px;" type="text"/> kg	x 2.64 =	<input style="width: 50px;" type="text"/> mL	(maximum 113 mL)
or				
Polycal by weight	<input style="width: 50px;" type="text"/> kg	x 3.67 =	<input style="width: 50px;" type="text"/> g	(maximum 140 g)

30 min.	GLUCOSE	1 x Yellow Fluoride	Analyse	<div style="border: 1px solid black; padding: 5px; width: 80px; margin: auto;">HH:MM</div>
60 min.	GLUCOSE	1 x Yellow Fluoride	Analyse	<div style="border: 1px solid black; padding: 5px; width: 80px; margin: auto;">HH:MM</div>
90 min.	GLUCOSE	1 x Yellow Fluoride	Analyse	<div style="border: 1px solid black; padding: 5px; width: 80px; margin: auto;">HH:MM</div>
120 min.	GLUCOSE	1 x Yellow Fluoride	Analyse	<div style="border: 1px solid black; padding: 5px; width: 80px; margin: auto;">HH:MM</div>

Contacts

Biochemistry Biochemist x 3038 / 3025 / 3014
Paediatrics Dr Birgit (BVM) via office (x1188) or switchboard

PLEASE REMEMBER TO SEND A COPY OF THIS PRO-FORMA WITH BASAL (TIME 0) SAMPLES AND ANOTHER COPY WITH ALL SUBSEQUENT SAMPLES AT THE END OF THE TEST

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Contacts

Biochemistry Senior BMS x 4991
Paediatrics Dr Birgit (BVM) via office (x1188) or switchboard

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