

HCG STIMULATION TEST (+/- LHRH) - PAEDIATRIC SAMPLE PRO-FORMA

CLINB-CF-32

HCG STIMULATION TEST (+/- LHRH) - PAEDIATRIC SAMPLE PRO-FORMA

Hospital Number: M/F

Patient Name:

Date of Birth:

Please tick to indicate which sample and complete date and time:

Date: _____

Day	Time	Tests	Lab		
DAY 1	Basal	LH FSH TESTOSTERONE SHBG DHEA-S ANDROSTENEDIONE DI-HYDROTTESTOSTERONE	2 x Orange Li Hep	Analyse Analyse Analyse send to Hub send to hub send to hub Aliquot and freeze	<input style="width: 80px; height: 25px;" type="text" value="HH:MM"/>

If required give LHRH (see dosage chart in protocol)					
	30 min.	LH FSH	1 x Orange Li Hep	Analyse Analyse	<input style="width: 80px; height: 25px;" type="text" value="HH:MM"/>
	60 min.	LH FSH	1 x Orange Li Hep	Analyse Analyse	<input style="width: 80px; height: 25px;" type="text" value="HH:MM"/>

DAY 1 Give HCG (see dosage chart in protocol)

DAY 2 Give HCG (see dosage chart in protocol)

DAY 3 Give HCG (see dosage chart in protocol)

DAY 4	24 hours after HCG	TESTOSTERONE SHBG DHEA-S ANDROSTENEDIONE DI-HYDROTTESTOSTERONE	2 x Orange Li Hep	Analyse send to hub send to hub send to hub Aliquot and freeze	<input style="width: 80px; height: 25px;" type="text" value="HH:MM"/>
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Contacts

Biochemistry	Biochemist	x 3025 / 3038 / 3029
Paediatrics	Dr Shahida Ahmed	x4557 or switchboard

PLEASE REMEMBER TO SEND A COPY OF THIS PRO-FORMA WITH EACH SET OF SAMPLES

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