

PITUITARY FUNCTION TEST - SAMPLE PRO-FORMA
CLINB-CF-29

PITUITARY FUNCTION TEST - SAMPLE PRO-FORMA

Hosp.No. M/F

Name

Please complete time sample taken

D.o.B.

Test Date: _____

TIME	TESTS	SAMPLES	LAB. HANDLING
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INSERT INDWELLING INTRAVENOUS CANNULA AND WAIT AT LEAST 30 MINUTES

Basal (0 min.)	GLUCOSE	1 x Grey top (fluoride)	<input type="text" value="HH:MM"/>
	GROWTH HORMONE		
	CORTISOL		
	TSH*	1 x Yellow top (SST)	
	LH/FSH*		
PROLACTIN*			

INJECT SOLUBLE INSULIN INTRAVENOUSLY Insulin sensitivity will vary with the endocrine status of the patient. Guidelines on insulin dosage are as follows:

- a) **Probably normal patients – 0.15 units/kg body weight.**
- b) **Suspected hypopituitary patients (the most sensitive) 0.10 units/kg.**
- c) **Suspected Cushings, Acromegaly or known diabetics (the most resistant) up to 0.3 units/kg.**

IF ALSO REQUIRED, INJECT INTRAVENOUSLY:
 (please tick box(es) to indicate, if given)

LHRH Test: 100 ug LHRH
 TRH Test: 200 ug TRH

* Samples are analysed for TSH if TRH given and LH/FSH/Prolactin if LHRH given

20 min.	GLUCOSE GROWTH HORMONE CORTISOL TSH* LH/FSH*	1 x Grey top (fluoride) 1 x Yellow top (SST)	<input type="text" value="HH:MM"/>
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45 min.	GLUCOSE	1 x Grey top (fluoride)	<input type="text" value="HH:MM"/>
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60 min.	GLUCOSE GROWTH HORMONE CORTISOL TSH* LH/FSH*	1 x Grey top (fluoride) 1 x Yellow top (SST)	<input type="text" value="HH:MM"/>
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90 min.	GLUCOSE GROWTH HORMONE CORTISOL	1 x Grey top (fluoride) 1 x Yellow top (SST)	<input type="text" value="HH:MM"/>
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120 min.	GLUCOSE GROWTH HORMONE CORTISOL	1 x Grey top (fluoride) 1 x Yellow top (SST)	<input type="text" value="HH:MM"/>
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Contact Biochemist: x 3025 / 3029

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