

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	Analyse Analyse Analyse send to Hub send to hub send to hub Aliquot and freeze
		2 x Orange Li Hep 1 x Brown Serum	send to Hub send to hub send to hub Aliquot and freeze

If required give LHRH (see dosage chart in protocol)			
30 min.	LH FSH	1 x Orange Li Hep	Analyse Analyse
60 min.	LH FSH	1 x Orange Li Hep	Analyse Analyse

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 1 x Brown Serum	Analyse send to hub send to hub send to hub Aliquot and freeze
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Contacts

Basildon Hospital	Biochemists	x 3025 / 3029 / 3539
Southend Hospital	Biochemist	x 8795

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

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