

SHORT SYNACTHEN TEST - PAEDIATRIC SAMPLE PRO-FORMA

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

Name **Please complete time sample taken**

D.o.B. Test Date: _____

TIME	TESTS	SAMPLES	LAB. HANDLING
Basal (0 min.)	Cortisol 17OH Progesterone ACTH**	1 x Orange Li Hep 1 x Red EDTA	Analyse Refer Freeze immediately
			<input type="text" value="HH:MM"/>

** Sample for ACTH 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.

Administer Synacthen (Tetracosactrin) i.m.

Dose: **36 mcg / kg** body weight (maximum dose 250 mcg)
or
 Infants under 6 months **62.5 mcg**
 Children over 6 months and under 2 years **125 mcg**
 Children over 2 years **250 mcg**

30 min.	Cortisol 17OH Progesterone	1 x Orange Li Hep	Analyse Refer	<input type="text" value="HH:MM"/>
60 min.	Cortisol 17OH Progesterone	1 x Orange Li Hep	Analyse Refer	<input type="text" value="HH:MM"/>

Contacts

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

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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