

LHRH STIMULATION TEST - PAEDIATRIC SAMPLE PRO-FORMA

Hosp.No. M/F Laboratory Test Code: **LHRH**
(+ **SHBG/TES** on baseline)

Name Please complete time sample taken

D.o.B. Test Date: _____

TIME	TESTS	SAMPLES	LAB. HANDLING	
Basal (0 min.)	LH / FSH Testosterone Oestradiol SHBG	2 x Orange Li Hep	Send to hub Send to hub Send to hub Send to hub	HH:MM

Administer LHRH i.v.

Dose: 100 micrograms

30 min.	LH FSH	1 x Orange Li Hep	Analyse	HH:MM
60 min.	LH FSH	1 x Orange Li Hep	Analyse	HH:MM

Contacts

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

ALL SAMPLES CAN BE SENT TOGETHER WITH THIS PRO-FORMA AT THE END OF THE TEST