

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 GROWTH HORMONE CORTISOL TSH* LH/FSH* PROLACTIN* TESTOSTERONE/OESTROGEN*	1 x Grey top (fluoride) 1 x Yellow top (SST)	<input style="width: 50px; height: 20px;" type="text" value="HH:MM"/>
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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) 0.2 - 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/Testosterone or oestrogen if LHRH given (sex dependent).

30 min.	GLUCOSE GROWTH HORMONE CORTISOL TSH* LH/FSH*	1 x Grey top (fluoride) 1 x Yellow top (SST)	<input style="width: 50px; height: 20px;" 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 style="width: 50px; height: 20px;" 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 style="width: 50px; height: 20px;" 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 style="width: 50px; height: 20px;" type="text" value="HH:MM"/>
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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 SAMPLES