

**GLUCAGON STIMULATION TEST - PAEDIATRIC SAMPLE PRO-FORMA**

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

 Name 

Please complete time sample taken

 D.o.B. 

Test Date: \_\_\_\_\_

TIME	TESTS	SAMPLES	LAB. HANDLING
<b>Basal (0 min.)</b>	GLUCOSE GROWTH HORMONE CORTISOL IGF-1**	1 x Yellow Fluoride 3 x Orange Li Hep	Analyse Refer to Hub Analyse Freeze aliquot and refer to hub

\*\* Sample for IGF-1 must be taken to Clinical Biochemistry immediately, with a copy of this pro-forma. Please also send other basal samples. Subsequent samples must all be sent together at the end of the test with this pro-forma.

**Check glucose (by meter):**

- if <2.6 mmol/L do NOT give glucagon and proceed with 60 and 90 minute samples only
- if >=2.6 mmol/L give GLUCAGON (i.m. 15ug/kg body weight (max. dose 500ug))

**Remember to check glucose (by meter) and child's responsiveness at each sampling**

<b>60 min.</b>	GLUCOSE GROWTH HORMONE CORTISOL	1 x Yellow Fluoride 2 x Orange Li Hep	Analyse Refer to Hub Analyse	<input type="text" value="HH:MM"/>
<b>90 min.</b>	GLUCOSE GROWTH HORMONE CORTISOL	1 x Yellow Fluoride 2 x Orange Li Hep	Analyse Refer to Hub Analyse	<input type="text" value="HH:MM"/>
<b>120 min.</b>	GLUCOSE GROWTH HORMONE CORTISOL	1 x Yellow Fluoride 2 x Orange Li Hep	Analyse Refer to Hub Analyse	<input type="text" value="HH:MM"/>
<b>150 min.</b>	GLUCOSE GROWTH HORMONE CORTISOL	1 x Yellow Fluoride 2 x Orange Li Hep	Analyse Refer to Hub Analyse	<input type="text" value="HH:MM"/>
<b>180 min.</b>	GLUCOSE GROWTH HORMONE CORTISOL	1 x Yellow Fluoride 2 x Orange Li Hep	Analyse Refer to Hub Analyse	<input type="text" value="HH:MM"/>

**Contacts**

Basildon Hospital	Biochemists	x 3025 / 3539 / 3095
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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