

UCMC Stimulation Test Protocols

	TEST NAME	# of samp	Times of draw (min) unless indicated otherwise	Measurements
1	25 hour rhythm test	51	every 30 mins for 25 hrs	cortisol and ACTH on all
2	ACTH - modified	3	0, 30, 60	Cortisol, 17OH-prog & aldosterone on all; ACTH at 0
3	ACTH for 21OH deficiency CAH	3	0, 30, 60	Cortisol and 17OH-progesterone on all; ACTH at 0 min
4	ACTH stimulation	3	0, 30, 60	Cortisol on all; ACTH at 0 min sample
5	ACTH stimulation (pediatric)	3	0, 30, 60	ACTH, testosterone, free testosterone, and DHEAS on 0 sample; cortisol 17OH pregnenolone, 17OH-progesterone, 11-deoxycortisol, DHEA, and androstenedione on all
6	Adrenal Vein Sampling for Aldosteronoma	9	0, 5, 10	3 samples at each time point (under continuous ACTH infusion; measure in IVC, right adrenal vein, left adrenal vein) Aldosterone and cortisol (samples for both need to be measured at 1:1; 1:10 and 1:50 for each analyte at each time
7	Arginine/L-DOPA stimulation test	7	0, 30, 60, 90, 120, 150, 180	growth hormone on all; Cortisol on 0,60,120,180;IGF1 and IGFBP3 at 0min
8	CRH stim - Dex suppressed	8	-15, 0, 15, 30, 45, 60, 90, 120, 180, 240	ACTH & cortisol on all; Dexamethasone on the -15 min sample
9	CRH stimulation	8	-15, 0, 15, 30, 60, 90, 120, 210	ACTH & cortisol on all
10	CRH stimulation (pediatric)	4	0, 15, 30, 60	ACTH on all samples; cortisol and DHEA on 0, 30, 60 minutes; DHEAS at 0
11	GHRH stimulation	6	-30, 0, 30, 60, 90, 120	growth hormone and prolactin on all
12	GnRH stimulation	8	-15, 0, 15, 30, 60, 90, 120, 180	LH & FSH on all; Testosterone(male) or estradiol (female) on -15 and 180 min samples
13	Hydrocortisone Suppression Test	11	-15, 0, 30, 60, 2h, 3h, 4h, 5h, 6h, 7h, and 8h	cortisol and ACTH on all
14	Insulin tolerance test (ITT)	10	-15, 0, 15, 30, 45, 60, 90, 120, 180, 210	Glucose, cortisol & growth hormone on all.
15	ITT - modified	9	-15, 0, 15, 30, 60, 90, 120, 210	Glucose, cortisol & growth hormone on all. In some instances ACTH as well
16	ITT with ACTH	10	-15, 0, 15, 30, 45, 60, 90, 120, 180, 210	Glucose, cortisol, ACTH & growth hormone on all.
17	Lupron test	8	-10, 0, 30, 60 minutes; 3, 4, 18, 24 hours	LH & FSH on all; Testosterone(male) or estradiol (female) on -10min and 18 & 24 hour samples
18	OGTT for acromegaly	5	0, 30, 60, 120, 180	Glucose & growth hormone on all samples
19	OGTT with glucagon	6	0, 30, 60, 90, 120, 180	Glucose, insulin, C-peptide and glucagon
20	Oral glucose tolerance test (OGTT)	6	0, 30, 60, 90, 120, 180	Glucose, insulin, C-peptide. In some cases glucagon as well
21	Petrosal Sinus Sampling for Acromegaly with GHRH	24-33	-10, -5, 0 +2, +5, +10, +15, +30 (optional +60, +90, +120)	3 samples at each time point (right, left, and peripheral). Each sample assayed for growth hormone and prolactin

UCMC Stimulation Test Protocols

	TEST NAME	# of samp	Times of draw (min) unless indicated otherwise	Measurements
22	Petrosal Sinus Sampling for Cushing's with CRH	24 (+9 optional)	-10, -5, 0 +2, +5, +10, +15, +30 (optional +60, +90, +120)	3 samples at each time point (right, left, and peripheral). Each sample assayed for ACTH, Cortisol and prolactin. ACTH and prolactin may need dilution
23	Petrosal Sinus Sampling for TSHoma with TRH	18 - 27	-10, -5, 0 +5, +15, +30 (optional +60, +90, +120)	3 samples at each time point (right, left, and peripheral). Each sample assayed for TSH and prolactin; Also 2 samples for alpha SU.
24	Selective venous sampling adrenal veins, other)	15 to 50	Variable times; Three sites simultaneously	Different combinations: growth hormone, ACTH, TSH, LH, FSH, cortisol, aldosterone, cathecolamines, calcitonin
25	Somatostatin Suppression Test	11	-15, 0, 30, 60 min, 2h, 3h, 4h, 5h, 6h, 7h, and 8h	growth hormone on all (IGF-1 on -15 min and 8h)
26	T3 absorption test	6	0, 60, 90, 120 min, 3, 4, 6 hr	T3 on all; TSH on the 0 and 6 hr
27	T4 absorption test	6	0, 1, 2, 4, 6, next day (12+) hours	T4 on all; TSH on the 0 and next day samples
28	TRH stimulation	10	-15, 0, 15, 30, 45, 60, 90, 120, 180, 240	TSH & prolactin on all; FT4 & T3 on -15 and either 180 or 240 min samples
29	TRH stimulation, abridged	6	-15, 0, 15, 30, 60, 120	TSH & prolactin on all; FT4 & T3 on -15 and 120

The University of Chicago Medical Center
Stimulation Test Collection Form

Collection Date: _____

Collected by: _____

Affix patient EPIC label here

Stimulation Test: **25 hour rhythm test**

51 time points at: -every 30 minutes for 25 hours

Recommended tests: Cortisol (CORS) and ACTH (ACHS) on all samples.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample			
				rec. test(s)	CORS	ACHS	rec. tube type(s)
1	0		CORT, ACTH				1 Red, 1 LAV on ice
2	30		CORT, ACTH				1 Red, 1 LAV on ice
3	60		CORT, ACTH				1 Red, 1 LAV on ice
4	90		CORT, ACTH				1 Red, 1 LAV on ice
5	120		CORT, ACTH				1 Red, 1 LAV on ice
6	150		CORT, ACTH				1 Red, 1 LAV on ice
7	180		CORT, ACTH				1 Red, 1 LAV on ice
8	210		CORT, ACTH				1 Red, 1 LAV on ice
9	240		CORT, ACTH				1 Red, 1 LAV on ice
10	270		CORT, ACTH				1 Red, 1 LAV on ice
11	300		CORT, ACTH				1 Red, 1 LAV on ice
12	330		CORT, ACTH				1 Red, 1 LAV on ice
13	360		CORT, ACTH				1 Red, 1 LAV on ice

The University of Chicago Medical Center
Stimulation Test Collection Form

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample			rec. tube type(s)
				rec. test(s)	CORS	ACHS	
14	390		CORT, ACTH				1 Red, 1 LAV on ice
15	420		CORT, ACTH				1 Red, 1 LAV on ice
16	450		CORT, ACTH				1 Red, 1 LAV on ice
17	480		CORT, ACTH				1 Red, 1 LAV on ice
18	510		CORT, ACTH				1 Red, 1 LAV on ice
19	540		CORT, ACTH				1 Red, 1 LAV on ice
20	570		CORT, ACTH				1 Red, 1 LAV on ice
21	600		CORT, ACTH				1 Red, 1 LAV on ice
22	630		CORT, ACTH				1 Red, 1 LAV on ice
23	660		CORT, ACTH				1 Red, 1 LAV on ice
24	690		CORT, ACTH				1 Red, 1 LAV on ice
25	720		CORT, ACTH				1 Red, 1 LAV on ice
26	750		CORT, ACTH				1 Red, 1 LAV on ice
27	780		CORT, ACTH				1 Red, 1 LAV on ice
28	810		CORT, ACTH				1 Red, 1 LAV on ice
29	840		CORT, ACTH				1 Red, 1 LAV on ice
30	870		CORT, ACTH				1 Red, 1 LAV on ice
31	900		CORT, ACTH				1 Red, 1 LAV on ice
32	930		CORT, ACTH				1 Red, 1 LAV on ice
33	960		CORT, ACTH				1 Red, 1 LAV on ice
34	990		CORT, ACTH				1 Red, 1 LAV on ice
35	1020		CORT, ACTH				1 Red, 1 LAV on ice

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Stimulation Test Collection Form

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample			rec. tube type(s)
				rec. test(s)	CORS	ACHS	
36	1050		CORT, ACTH				1 Red, 1 LAV on ice
37	1080		CORT, ACTH				1 Red, 1 LAV on ice
38	1110		CORT, ACTH				1 Red, 1 LAV on ice
39	1140		CORT, ACTH				1 Red, 1 LAV on ice
40	1170		CORT, ACTH				1 Red, 1 LAV on ice
41	1200		CORT, ACTH				1 Red, 1 LAV on ice
42	1230		CORT, ACTH				1 Red, 1 LAV on ice
43	1260		CORT, ACTH				1 Red, 1 LAV on ice
44	1290		CORT, ACTH				1 Red, 1 LAV on ice
45	1320		CORT, ACTH				1 Red, 1 LAV on ice
46	1350		CORT, ACTH				1 Red, 1 LAV on ice
47	1380		CORT, ACTH				1 Red, 1 LAV on ice
48	1410		CORT, ACTH				1 Red, 1 LAV on ice
49	1440		CORT, ACTH				1 Red, 1 LAV on ice
50	1470		CORT, ACTH				1 Red, 1 LAV on ice
51	1500		CORT, ACTH				1 Red, 1 LAV on ice

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding with each sample.

The University of Chicago Medical Center
Stimulation Test Collection Form

Collection Date: _____

Collected by: _____

Affix patient EPIC label here

Stimulation Test: **25 hour rhythm test**

51 time points at: -every 30 minutes for 25 hours

Recommended tests: Cortisol (CORS) and ACTH (ACHS) on all samples.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample			
				rec. test(s)	CORS	ACHS	rec. tube type(s)
1	0		CORT, ACTH				1 Red, 1 LAV on ice
2	30		CORT, ACTH				1 Red, 1 LAV on ice
3	60		CORT, ACTH				1 Red, 1 LAV on ice
4	90		CORT, ACTH				1 Red, 1 LAV on ice
5	120		CORT, ACTH				1 Red, 1 LAV on ice
6	150		CORT, ACTH				1 Red, 1 LAV on ice
7	180		CORT, ACTH				1 Red, 1 LAV on ice
8	210		CORT, ACTH				1 Red, 1 LAV on ice
9	240		CORT, ACTH				1 Red, 1 LAV on ice
10	270		CORT, ACTH				1 Red, 1 LAV on ice
11	300		CORT, ACTH				1 Red, 1 LAV on ice
12	330		CORT, ACTH				1 Red, 1 LAV on ice
13	360		CORT, ACTH				1 Red, 1 LAV on ice

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Stimulation Test Collection Form

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample			rec. tube type(s)
				rec. test(s)	CORS	ACHS	
14	390		CORT, ACTH				1 Red, 1 LAV on ice
15	420		CORT, ACTH				1 Red, 1 LAV on ice
16	450		CORT, ACTH				1 Red, 1 LAV on ice
17	480		CORT, ACTH				1 Red, 1 LAV on ice
18	510		CORT, ACTH				1 Red, 1 LAV on ice
19	540		CORT, ACTH				1 Red, 1 LAV on ice
20	570		CORT, ACTH				1 Red, 1 LAV on ice
21	600		CORT, ACTH				1 Red, 1 LAV on ice
22	630		CORT, ACTH				1 Red, 1 LAV on ice
23	660		CORT, ACTH				1 Red, 1 LAV on ice
24	690		CORT, ACTH				1 Red, 1 LAV on ice
25	720		CORT, ACTH				1 Red, 1 LAV on ice
26	750		CORT, ACTH				1 Red, 1 LAV on ice
27	780		CORT, ACTH				1 Red, 1 LAV on ice
28	810		CORT, ACTH				1 Red, 1 LAV on ice
29	840		CORT, ACTH				1 Red, 1 LAV on ice
30	870		CORT, ACTH				1 Red, 1 LAV on ice
31	900		CORT, ACTH				1 Red, 1 LAV on ice
32	930		CORT, ACTH				1 Red, 1 LAV on ice
33	960		CORT, ACTH				1 Red, 1 LAV on ice
34	990		CORT, ACTH				1 Red, 1 LAV on ice
35	1020		CORT, ACTH				1 Red, 1 LAV on ice

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Stimulation Test Collection Form

				check (✓) rec. or desired test(s) for each sample			
sample	timepoint (min)	actual collect time	rec. test(s)	rec. test(s)	CORS	ACHS	rec. tube type(s)
36	1050		CORT, ACTH				1 Red, 1 LAV on ice
37	1080		CORT, ACTH				1 Red, 1 LAV on ice
38	1110		CORT, ACTH				1 Red, 1 LAV on ice
39	1140		CORT, ACTH				1 Red, 1 LAV on ice
40	1170		CORT, ACTH				1 Red, 1 LAV on ice
41	1200		CORT, ACTH				1 Red, 1 LAV on ice
42	1230		CORT, ACTH				1 Red, 1 LAV on ice
43	1260		CORT, ACTH				1 Red, 1 LAV on ice
44	1290		CORT, ACTH				1 Red, 1 LAV on ice
45	1320		CORT, ACTH				1 Red, 1 LAV on ice
46	1350		CORT, ACTH				1 Red, 1 LAV on ice
47	1380		CORT, ACTH				1 Red, 1 LAV on ice
48	1410		CORT, ACTH				1 Red, 1 LAV on ice
49	1440		CORT, ACTH				1 Red, 1 LAV on ice
50	1470		CORT, ACTH				1 Red, 1 LAV on ice
51	1500		CORT, ACTH				1 Red, 1 LAV on ice

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding with each sample.

**The University of Chicago Medical Center
Stimulation Test Collection Form**

Collection Date: _____

Collected by: _____

Affix patient EPIC label here

Stimulation Test: **ACTH for 21-OH deficiency CAH stimulation**

3 time points at: 0, 30, 60 minutes

Recommended tests: Cortisol (CORS) and 17-OH progesterone (17HPGS) on all samples. ACTH (ACHS), on 0 minutes.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample				
				rec. test(s)	ACHS	CORS	17HPGS	rec. tube type(s)
1	0		ACHS, CORS, 17HPGS					2 Red, 1 LAV on ice
2	30		CORS, 17HPGS					2 Red
3	60		CORS, 17HPGS					2 Red

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding with each sample.

**The University of Chicago Medical Center
Stimulation Test Collection Form**

Collection Date: _____

Collected by: _____

Affix patient EPIC label here

Stimulation Test: **ACTH Stimulation - modified**

3 time points at: 0, 30, 60 minutes

Recommended tests: Cortisol (CORS), 17-OH progesterone (17HPGS), aldosterone on all samples, ACTH (ACHS) on timepoint 0..

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample					
				rec. test(s)	ACHS	17HPGS	ALDOST	CORS	rec. tube type(s)
1	0		ACHS, CORS, 17HPGS, ALDOST						2 Red, 1 LAV on ice
2	30		CORS, 17HPGS, ALDOST						3 Red
3	60		CORS, 17HPGS, ALDOST						3 Red

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding to each sample.

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Stimulation Test Collection Form

Collection Date: _____

Collected by: _____

Affix patient EPIC label here

Stimulation Test: **ACTH Stimulation - pediatric**

3 time points at: 0, 30, 60 minutes

Recommended tests: Cortisol (CORS), 17-OH progesterone (17HPGS), 17-OH pregnenolone (17PRGS), androstenedione (ANDS), 11-deoxycortisol (11DOCS) and DHEA (DHEPIS) on all samples. ACTH (ACHS), testosterone, free and total (TESFS), DHEA-SO4 (DHS) at timepoint 0. Aldosterone (ALDOST) optional at each timepoint.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (?) rec. or desired test(s) for each sample										rec. tube type(s)	
				rec. test(s)	ACHS	TES TFS	11DOCS	DHEPIS	DHS	17PRGS	17HPGS	ANDS	ALDOST	CORS	
1	0		ACHS CORS, 17HPGS, 17PRGS, ANDS, 11DOCS, DHEPIS, DHS, TESFS												5 Red, 1 LAV on ice
2	30		CORS, 17HPGS, 17PRGS, ANDS, 11DOCS, DHEPIS												4 Red
3	60		CORS, 17HPGS, 17PRGS, ANDS, 11DOCS, DHEPIS												4 Red

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding to each sample.

**The University of Chicago Medical Center
Stimulation Test Collection Form**

Collection Date: _____

Collected by: _____

Affix patient EPIC label here

Stimulation Test: **ACTH Stimulation**

3 time points at: 0, 30, 60 minutes

Recommended tests: Cortisol (CORS) on all samples, ACTH (ACHS) on timepoint 0.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample			
				rec. test(s)	ACTH	CORT	rec. tube type(s)
1	0		ACHS, CORS				1 Red, 1 LAV on ice
2	30		CORS				1 Red
3	60		CORS				1 Red

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding with each sample.

**The University of Chicago Medical Center
Stimulation Test Collection Form**

Collection Date: _____

Collected by: _____

Affix patient EPIC label here

Stimulation Test: **Adrenal vein sampling for aldosteronoma**

3 time points at: 0, 5, 10 minutes – (*timepoints and number may vary based on physician requirement*)

Recommended tests: Cortisol (CORS) and aldosterone (ALDOST) on all samples from all locations.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes and location (right, left or central) on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample			rec. tube type(s) for <u>each</u> sample location
				rec. test(s)	CORS	ALDOST	
1	0		CORS,ALDOST				2 Red
2	5		CORT,ALDOST				2 Red
3	10		CORT,ALDOST				2 Red

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding with each sample.

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Stimulation Test Collection Form**

Collection Date: _____

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Stimulation Test: **Arginine/L-DOPA stimulation**

7 time points at: 0, 30, 60, 90, 120, 150, 180 minutes

Recommended tests: Growth hormone (GHS) on all samples. Cortisol (CORS) on 0, 60, 120, 180 minute samples. SMC/IGF1 (SMC) and IGF binding protein 3 (IGFBPS) on 0 minute.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample					rec. tube type(s)
				rec. test(s)	SMC	IGFBPS	CORS	GHS	
1	0		GHS, CORS, SMC, IGFBPS						2 Red
2	30		GHS						1 Red
3	60		GHS, CORS						1 Red
4	90		GHS						1 Red
5	120		GHS, CORS						1 Red
6	150		GHS						1 Red
7	180		GHS, CORS						1 Red

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding with each sample.

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Stimulation Test Collection Form

Collection Date: _____

Collected by: _____

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Stimulation Test: **CRH stimulation – Dex Suppressed**

10 time points at: -15, 0, 15, 30, 45, 60, 90, 120, 180, 240 minutes

Recommended tests: ACTH (ACHS) and cortisol (CORS) on all samples, dexamethasone (DXAMS) at timepoint -15 min.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample				rec. tube type(s)
				rec. test(s)	ACTH	CORT	DXAMS	
1	-15		ACHS, CORS, DXAMS					2 Red, 1 LAV on ice
2	0		ACHS, CORS					1 Red, 1 LAV on ice
3	15		ACHS, CORS					1 Red, 1 LAV on ice
4	30		ACHS, CORS					1 Red, 1 LAV on ice
5	45		ACHS, CORS					1 Red, 1 LAV on ice
6	60		ACHS, CORS					1 Red, 1 LAV on ice
7	90		ACHS, CORS					1 Red, 1 LAV on ice
8	120		ACHS, CORS					1 Red, 1 LAV on ice
9	180		ACHS, CORS					1 Red, 1 LAV on ice
10	240		ACHS, CORS					1 Red, 1 LAV on ice

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding with each sample.

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Collected by: _____

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Stimulation Test: **CRH stimulation - pediatrics**

4 time points at: 0, 15, 30, 60 minutes

Recommended tests: ACHS (ACHS) on all samples. Cortisol (CORS) and DHEA (DHEPIS) on 0, 30 and 60 minutes. DHEA-SO4 (DHS) on 0 timepoint.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample					rec. tube type(s)
				rec. test(s)	ACHS	CORS	DHS	DHEPIS	
1	0		ACHS, CORS, DHEPIS, DHS						2 Red, 1 LAV on ice
2	15		ACHS						1 LAV on ice
3	30		ACHS, CORS, DHEPIS						2 Red, 1 LAV on ice
4	60		ACHS, CORS, DHEPIS						2 Red, 1 LAV on ice

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding with each sample.

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Stimulation Test Collection Form

Collection Date: _____

Collected by: _____

Affix patient EPIC label here

Stimulation Test: **CRH stimulation**

8 time points at: -15, 0, 15, 30, 60, 90, 120, 240 minutes

Recommended tests: ACHT (ACHS) and cortisol (CORS) on all samples

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample			rec. tube type(s)
				rec. test(s)	ACHS	CORS	
1	-15		ACHS, CORS				1 Red, 1 LAV on ice
2	0		ACHS, CORS				1 Red, 1 LAV on ice
3	15		ACHS, CORS				1 Red, 1 LAV on ice
4	30		ACHS, CORS				1 Red, 1 LAV on ice
5	60		ACHS, CORS				1 Red, 1 LAV on ice
6	90		ACHS, CORS				1 Red, 1 LAV on ice
7	120		ACHS, CORS				1 Red, 1 LAV on ice
8	240		ACHS, CORS				1 Red, 1 LAV on ice

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding with each sample.

**The University of Chicago Medical Center
Stimulation Test Collection Form**

Collection Date: _____

Collected by: _____

Affix patient EPIC label here

Stimulation Test: **GHRH stimulation**

6 time points at: -30, 0, 30, 60, 90, 120 minutes

Recommended tests: growth hormone (GHS) and prolactin (PRLS) on all samples.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample			rec. tube type(s)
				rec. test(s)	GHS	PRLS	
1	-30		GHS, PRLS				1 Red
2	0		GHS, PRLS				1 Red
3	30		GHS, PRLS				1 Red
4	60		GHS, PRLS				1 Red
5	90		GHS, PRLS				1 Red
6	120		GHS, PRLS				1 Red

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding with each sample.

The University of Chicago Medical Center
Stimulation Test Collection Form

Collection Date: _____

Collected by: _____

Affix patient EPIC label here

Stimulation Test:

GnRH agonist (leuprolide) test

8 time points at: -10, 0, 30, 60, 180 (3 hr), 240 (4 hr), 1080 (18 hr), 1440 (24 hr) minutes

Recommended tests: LH (LHSS) and FSH (FSHS) on all samples, total testosterone (TESTOS) if male or Estradiol (EST) if female at timepoints 0, 1080 and 1440.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample					rec. tube type(s)
				rec. test(s)	LHSS	FSHS	TESTOS	EST	
1	-10		LHSS, FSHS, TESTOS <i>(male)</i> , EST <i>(female)</i>						3 Red
2	0		LHSS, FSHS						1 Red
3	30		LHSS, FSHS						1 Red
4	60		LHSS, FSHS						1 Red
5	180		LHSS, FSHS						1 Red
6	240 (4 hr)		LHSS, FSHS						1 Red
7	1080 (18 hr)		LHSS, FSHS, TESTOS <i>(male)</i> , EST <i>(female)</i>						3 Red
8	1440 (24 hr)		LHSS, FSHS, TESTOS <i>(male)</i> , EST <i>(female)</i>						3 Red

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding with each sample.

The University of Chicago Medical Center
Stimulation Test Collection Form

Collection Date: _____

Collected by: _____

Affix patient EPIC label here

Stimulation Test: **GnRH stimulation**

8 time points at: -15, 0, 15, 30, 60, 90, 120, 180 minutes

Recommended tests: LH (LHSS) and FSH (FSHS) on all samples. Total testosterone (TESTOS) for *males* or estradiol (EST) for *females* on -15 and 180 minutes.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample					rec. tube type(s)
				rec. test(s)	LHSS	FSHS	TESTOS	EST	
1	-15		LHSS, FSHS, TESTOS (<i>male</i>), EST (<i>female</i>)						2 Red
2	0		LHSS, FSHS						1 Red
3	15		LHSS, FSHS						1 Red
4	30		LHSS, FSHS						1 Red
5	60		LHSS, FSHS						1 Red
6	90		LHSS, FSHS						1 Red
7	120		LHSS, FSHS						1 Red
8	180		LHSS, FSHS, TESTOS (<i>male</i>), EST (<i>female</i>)						2 Red

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding with each sample.

The University of Chicago Medical Center
Stimulation Test Collection Form

Collection Date: _____

Collected by: _____

Affix patient EPIC label here

Stimulation Test: **Hydrocortisone suppression test**

11 time points at: -15, 0, 30, 60, 120, 180, 240, 300, 360, 420, 480 minutes

Recommended tests: Cortisol (CORS) and ACTH (ACHS) on all samples.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample			rec. tube type(s)
				rec. test(s)	CORS	ACHS	
1	-15		CORS, ACHS				1 Red, 1 LAV on ice
2	0		CORS, ACHS				1 Red, 1 LAV on ice
3	30		CORS, ACHS				1 Red, 1 LAV on ice
4	60		CORS, ACHS				1 Red, 1 LAV on ice
5	120		CORS, ACHS				1 Red, 1 LAV on ice
6	180		CORS, ACHS				1 Red, 1 LAV on ice
7	240		CORS, ACHS				1 Red, 1 LAV on ice
8	300		CORS, ACHS				1 Red, 1 LAV on ice
9	360		CORS, ACHS				1 Red, 1 LAV on ice
10	420		CORS, ACHS				1 Red, 1 LAV on ice
11	480		CORS, ACHS				1 Red, 1 LAV on ice

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding with each sample.

The University of Chicago Medical Center
Stimulation Test Collection Form

Collection Date: _____

Affix patient EPIC label here

Collected by: _____

Stimulation Test: **Insulin Tolerance Test (ITT) with ACTH**

10 time points at: -15, 0, 15, 30, 45, 60, 90, 120, 180, 210 minutes

Recommended tests: Cortisol (CORS), growth hormone (GHS), ACTH (ACHS), glucose (GLUM) on all samples.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample					
				rec. test(s)	GLUM	ACHS	CORS	GHS	rec. tube type(s)
1	-15		ACHS, CORS, GHS, GLUM						1 Red, 1 gray, 1 LAV on ice
2	0		ACHS, CORS, GHS, GLUM						1 Red, 1 gray, 1 LAV on ice
3	15		ACHS, CORS, GHS, GLUM						1 Red, 1 gray, 1 LAV on ice
4	30		ACHS, CORS, GHS, GLUM						1 Red, 1 gray, 1 LAV on ice
5	45		ACHS, CORS, GHS, GLUM						1 Red, 1 gray, 1 LAV on ice
6	60		ACHS, CORS, GHS, GLUM						1 Red, 1 gray, 1 LAV on ice
7	90		ACHS, CORS, GHS, GLUM						1 Red, 1 gray, 1 LAV on ice
8	120		ACHS, CORS, GHS, GLUM						1 Red, 1 gray, 1 LAV on ice
9	180		ACHS, CORS, GHS, GLUM						1 Red, 1 gray, 1 LAV on ice
10	210		ACHS, CORS, GHS, GLUM						1 Red, 1 gray, 1 LAV on ice

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding to each sample.

The University of Chicago Medical Center
Stimulation Test Collection Form

Collection Date: _____

Collected by: _____

Affix patient EPIC label here

Stimulation Test: **Insulin Tolerance Test (ITT)**

10 time points at: -15, 0, 15, 30, 45, 60, 90, 120, 180, 210 minutes

Recommended tests: Cortisol (CORS), growth hormone (GHS), glucose (GLUM) on all samples.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample				rec. tube type(s)
				rec. test(s)	GLUM	CORS	GHS	
1	-15		CORS, GHS, GLUM					1 Red, 1 gray
2	0		CORS, GHS, GLUM					1 Red, 1 gray
3	15		CORS, GHS, GLUM					1 Red, 1 gray
4	30		CORS, GHS, GLUM					1 Red, 1 gray
5	45		CORS, GHS, GLUM					1 Red, 1 gray
6	60		CORS, GHS, GLUM					1 Red, 1 gray
7	90		CORS, GHS, GLUM					1 Red, 1 gray
8	120		CORS, GHS, GLUM					1 Red, 1 gray
9	180		CORS, GHS, GLUM					1 Red, 1 gray
10	210		CORS, GHS, GLUM					1 Red, 1 gray

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding to each sample.

The University of Chicago Medical Center
Stimulation Test Collection Form

Collection Date: _____

Affix patient EPIC label here

Collected by: _____

Stimulation Test: **Insulin Tolerance Test (ITT) - modified**

8 time points at: -15, 0, 15, 30, 60, 90, 120, 210 minutes

Recommended tests: Cortisol (CORS), growth hormone (GHS), glucose (GLUM) on all samples. ACTH (ACHS) may be requested in some instances.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample					rec. tube type(s)
				rec. test(s)	GLUM	ACHS	CORS	GHS	
1	-15		CORS, GHS, GLUM						1 Red, 1 gray, 1 LAV on ice (ACTH only)
2	0		CORS, GHS, GLUM						1 Red, 1 gray, 1 LAV on ice (ACTH only)
3	15		CORS, GHS, GLUM						1 Red, 1 gray, 1 LAV on ice (ACTH only)
4	30		CORS, GHS, GLUM						1 Red, 1 gray, 1 LAV on ice (ACTH only)
5	60		CORS, GHS, GLUM						1 Red, 1 gray, 1 LAV on ice (ACTH only)
6	90		CORS, GHS, GLUM						1 Red, 1 gray, 1 LAV on ice (ACTH only)
7	120		CORS, GHS, GLUM						1 Red, 1 gray, 1 LAV on ice (ACTH only)
8	210		CORS, GHS, GLUM						1 Red, 1 gray, 1 LAV on ice (ACTH only)

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding to each sample.

The University of Chicago Medical Center
Stimulation Test Collection Form

Collection Date: _____

Affix patient EPIC label here

Collected by: _____

Stimulation Test: **Oral glucose tolerance test (OGTT) with glucagon stimulation**

6 time points at: 0, 30, 60, 90, 120, 180 minutes

Recommended tests: Insulin (INSL), C-peptide (CPEPE), glucose (GLUM) on all samples. Glucagon (GLUCPS) in some cases as well.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample					rec. tube type(s)
				rec. test(s)	GLUM	INSL	CPEPE	GLUCPS	
1	0		INSL, CPEPE, GLUM, GLUCPS						2 Red, 1 Gray
2	30		INSL, CPEPE, GLUM, GLUCPS						2 Red, 1 Gray
3	60		INSL, CPEPE, GLUM, GLUCPS						2 Red, 1 Gray
4	90		INSL, CPEPE, GLUM, GLUCPS						2 Red, 1 Gray
5	120		INSL, CPEPE, GLUM, GLUCPS						2 Red, 1 Gray
6	180		INSL, CPEPE, GLUM, GLUCPS						2 Red, 1 Gray

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding with each sample.

**The University of Chicago Medical Center
Stimulation Test Collection Form**

Collection Date: _____

Collected by: _____

Affix patient EPIC label here

Stimulation Test: **Oral Glucose Tolerance Test (OGTT) for acromegaly**

5 time points at: 0, 30, 60, 120, 180 minutes

Recommended tests: Glucose (GLUM), growth hormone (GHS) on all samples.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample			rec. tube type(s)
				rec. test(s)	GLUM	GHS	
1	0		GLUM, GHS				1 Red, 1 Gray
2	30		GLUM, GHS				1 Red, 1 Gray
3	60		GLUM, GHS				1 Red, 1 Gray
4	120		GLUM, GHS				1 Red, 1 Gray
5	180		GLUM, GHS				1 Red, 1 Gray

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding to each sample.

The University of Chicago Medical Center
Stimulation Test Collection Form

Collection Date: _____

Collected by: _____

Affix patient EPIC label here

Stimulation Test: **Oral Glucose Tolerance Test (OGTT)**

6 time points at: 0, 30, 60, 90, 120, 180 minutes

Recommended tests: Glucose (GLUM), Insulin (INSL) and C-peptide (CPEPE) on all samples. Glucagon (GLUCPS) may be requested in some instances.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample					rec. tube type(s)
				rec. test(s)	GLUM	INSL	CPEPE	GLUCPS	
1	0		GLUM, INSL, CPEPE						1 Red, 1 Gray, (1 purple GLUCPS only)
2	30		GLUM, INSL, CPEPE						1 Red, 1 Gray, (1 purple GLUCPS only)
3	60		GLUM, INSL, CPEPE						1 Red, 1 Gray, (1 purple GLUCPS only)
4	90		GLUM, INSL, CPEPE						1 Red, 1 Gray, (1 purple GLUCPS only)
5	120		GLUM, INSL, CPEPE						1 Red, 1 Gray, (1 purple GLUCPS only)
6	180		GLUM, INSL, CPEPE						1 Red, 1 Gray, (1 purple GLUCPS only)

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding to each sample.

The University of Chicago Medical Center
Stimulation Test Collection Form

Collection Date: _____

Collected by: _____

Affix patient EPIC label here

Stimulation Test: **Petrosal sinus sampling for acromegaly with GHRH**

11 time points at: -10, -5, 0, 2, 5, 10, 15, 30, 60 (optional), 90(optional), 120 (optional) minutes

Recommended tests: Growth hormone (GHS) and prolactin (PRLS) on all samples from all locations. .

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes and location (*right, left or peripheral*) on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample			rec. tube type(s) for <u>each</u> sample location
				rec. test(s)	GHS	PRLS	
1	-10		GHS, PRLS				1 Red
2	-5		GHS, PRLS				1 Red
3	0		GHS, PRLS				1 Red
4	2		GHS, PRLS				1 Red
5	5		GHS, PRLS				1 Red
6	10		GHS, PRLS				1 Red
7	15		GHS, PRLS				1 Red
8	30		GHS, PRLS				1 Red
9	60 (option)		GHS, PRLS				1 Red
10	90 (option)		GHS, PRLS				1 Red
11	120(option)		GHS, PRLS				1 Red

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding with each sample.

The University of Chicago Medical Center
Stimulation Test Collection Form

Collection Date: _____

Affix patient EPIC label here

Collected by: _____

Stimulation Test: **Petrosal sinus sampling for Cushing's with CRH**

11 time points at: -10, -5, 0, 2, 5, 10, 15, 30, 60 (optional), 90(optional), 120 (optional) minutes

Recommended tests: Cortisol (CORS), ACTH (ACHS), prolactin (PRLS) on all samples from all locations. .

Instructions: Enter collection date and collected by on top of form. Check (✓) desired test(s) for each recommended timepoint and sampling location. Collect required tube for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes and location (i.e. *right, left or peripheral*) on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	recommended test(s)	check (✓) requested test(s) <u>and</u> location for each sample								required tube type for <u>each</u> sample location	
				ACHS			CORS			PRLS			
				right (RT)	left (LT)	periph. (PBD)	right (RT)	left (LT)	periph. (PBD)	right (RT)	left (LT)	periph. (PBD)	
1	-10		ACHS, CORS, PRLS										1 LAV on ice
2	-5		ACHS, CORS, PRLS										1 LAV on ice
3	0		ACHS, CORS, PRLS										1 LAV on ice
4	2		ACHS, CORS, PRLS										1 LAV on ice
5	5		ACHS, CORS, PRLS										1 LAV on ice
6	10		ACHS, CORS, PRLS										1 LAV on ice
7	15		ACHS, CORS, PRLS										1 LAV on ice
8	30		ACHS, CORS, PRLS										1 LAV on ice
9	60 (option)		ACHS, CORS, PRLS										1 LAV on ice
10	90 (option)		ACHS, CORS, PRLS										1 LAV on ice
11	120(option)		ACHS, CORS, PRLS										1 LAV on ice

- **LSC must order test AET (timepoint) and result with timepoint in minutes corresponding to each sample. Each sample location requires a separate accession number.**
- **LSC forward this form along with samples to Chemistry on ice.**
- **Chemistry notifies Senior or Chief Technologist and Director on-call of petrosal sinus testing submission.**

The University of Chicago Medical Center
Stimulation Test Collection Form

Collection Date: _____

Collected by: _____

Affix patient EPIC label here

Stimulation Test:

Petrosal sinus sampling for TSHoma with TRH

9 time points at: -10, -5, 0, 5, 15, 30, 60 (optional), 90(optional), 120 (optional) minutes

Recommended tests: TSH (TSHS) and prolactin (PRLS) on all samples from all locations. Alpha subunit (ASUBS) on at least two samples.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes and location (*right, left or peripheral*) on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

				check (✓) rec. or desired test(s) for each sample				
sample	timepoint (min)	actual collect time	rec. test(s)	rec. test(s)	TSHS	PRLC	ASUBS	rec. tube type(s) for each sample location
1	-10		TSHS, PRLS					1 Red plus 1 red if ASUBS ordered
2	-5		TSHS, PRLS					1 Red plus 1 red if ASUBS ordered
3	0		TSHS, PRLS					1 Red plus 1 red if ASUBS ordered
4	5		TSHS, PRLS					1 Red plus 1 red if ASUBS ordered
5	15		TSHS, PRLS					1 Red plus 1 red if ASUBS ordered
6	30		TSHS, PRLS					1 Red plus 1 red if ASUBS ordered
7	60 (option)		TSHS, PRLS					1 Red plus 1 red if ASUBS ordered
8	90 (option)		TSHS, PRLS					1 Red plus 1 red if ASUBS ordered
9	120(option)		TSHS, PRLS					1 Red plus 1 red if ASUBS ordered

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding with each sample.

The University of Chicago Medical Center
Stimulation Test Collection Form

Collection Date: _____

Collected by: _____

Affix patient EPIC label here

Stimulation Test: **Somatostatin suppression test**

11 time points at: -15, 0, 30, 60, 120, 180, 240, 300, 360, 420, 480 minutes

Recommended tests: Growth hormone (GHS) on all samples. SMC/IGF-1 at -15 minutes.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample			rec. tube type(s)
				rec. test(s)	GHS	SMC	
1	-15		GHS, SMC				1 Red
2	0		GHS				1 Red
3	30		GHS				1 Red
4	60		GHS				1 Red
5	120		GHS				1 Red
6	180		GHS				1 Red
7	240 (4 hr)		GHS				1 Red
8	300 (5 hr)		GHS				1 Red
9	360 (6 hr)		GHS				1 Red
10	420 (7 hr)		GHS				1 Red
11	480 (8 hr)		GHS				1 Red

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding with each sample.

**The University of Chicago Medical Center
Stimulation Test Collection Form**

Collection Date: _____

Collected by: _____

Affix patient EPIC label here

Stimulation Test: **T3 absorption test**

6 time points at: 0, 60, 90, 120, 180, 240, 360 minutes

Recommended tests: T3 (TT3) on all samples. TSH (TSHS) on 0 and 360 minutes.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample			rec. tube type(s)
				rec. test(s)	TT3	TSHS	
1	0		TT3, TSHS				1 Red
2	60		TT3				1 Red
3	90		TT3				1 Red
4	120		TT3				1 Red
5	180		TT3				1 Red
6	240		TT3				1 Red
7	360		TT3, TSHS				1 Red

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding with each sample.

**The University of Chicago Medical Center
Stimulation Test Collection Form**

Collection Date: _____

Collected by: _____

Affix patient EPIC label here

Stimulation Test: **T4 absorption test**

6 time points at: 0, 60, 120, 240, 360, \geq 720 minutes

Recommended tests: T4 (TT4) on all samples. TSH (TSHS) on 0 and \geq 720 minutes (\geq 12 hr).

Instructions: Enter collection date and collected by on top of form. Check () desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (<input checked="" type="checkbox"/>) rec. or desired test(s) for each sample			rec. tube type(s)
				rec. test(s)	TSHS	TT4	
1	0		TT4, TSHS				1 Red
2	60		TT4				1 Red
3	120		TT4				1 Red
4	240		TT4				1 Red
5	360		TT4				1 Red
6	\geq 720		TT4, TSHS				1 Red

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding with each sample.

**The University of Chicago Medical Center
Stimulation Test Collection Form**

Collection Date: _____

Collected by: _____

Affix patient EPIC label here

Stimulation Test: TRH stimulation - abridged

6 time points at: -15, 0, 15, 30, 60, 120 minutes

Recommended tests: TSH (TSHS) and prolactin (PRLS) on all samples. Free T4 (FT4B) and T3 (TT3) on 0, and 120 minutes.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample					rec. tube type(s)
				rec. test(s)	TSHS	PRLS	FT4B	TT3	
1	-15		TSHS, PRLS, FT4B, TT3						1 Red
2	0		TSHS, PRLS						1 Red
3	15		TSHS, PRLS						1 Red
4	30		TSHS, PRLS						1 Red
5	60		TSHS, PRLS						1 Red
6	120		TSHS, PRLS, FT4B, TT3						1 Red

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding with each sample.

The University of Chicago Medical Center
Stimulation Test Collection Form

Collection Date: _____

Collected by: _____

Affix patient EPIC label here

Stimulation Test: **TRH stimulation**

10 time points at: -15, 0, 15, 30, 45, 60, 90, 120, 180, 240 minutes

Recommended tests: TSH (TSHS) and prolactin (PRLS) on all samples. Free T4 (FT4B) and T3 (TT3) on 0, 180 and 240 minutes.

Instructions: Enter collection date and collected by on top of form. Check (✓) desired or recommended (rec.) test(s) for each recommended timepoint. Collect the recommended number and type of tubes for each time point and enter actual collect time. Label collected tubes with EPIC label and write the timepoint in minutes on the label. Place this completed form and the labeled samples in a biohazard ziplock bag and send in a padded pneumatic tube to LSC (Laboratory Service Center) tube station 201.

sample	timepoint (min)	actual collect time	rec. test(s)	check (✓) rec. or desired test(s) for each sample					rec. tube type(s)
				rec. test(s)	TSHS	PRLS	FT4B	TT3	
1	-15		TSHS, PRLS, FT4B, TT3						1 Red
2	0		TSHS, PRLS						1 Red
3	15		TSHS, PRLS						1 Red
4	30		TSHS, PRLS						1 Red
5	45		TSHS, PRLS						1 Red
6	60		TSHS, PRLS						1 Red
7	90		TSHS, PRLS						1 Red
8	120		TSHS, PRLS						1 Red
9	180		TSHS, PRLS, FT4B, TT3						1 Red
10	240		TSHS, PRLS, FT4B, TT3						1 Red

LSC must order test AET (timepoint) and result with timepoint in minutes corresponding with each sample.