



Hôpital St-Boniface Hospital

LOCATION:
WARD

PATIENT NAME:
LAST, FIRST

DATE OF BIRTH:
DD/MMM/YYYY

SEX F M

FACILITY MRN:

MB PHIN:
(Specify province if different)

PHYSICIAN: (PRINT)
LAST, FIRST

ORDERING PROFESSIONAL:
(If different from physician)

COLLECTION TIME & DATE:

Hr / Min Day / Month / Year

____/____/____

COLLECTED BY:

NAME, INITIALS _____

**BIOCHEMISTRY TEST REQUISITION
FOR ENDOCRINOLOGY USE ONLY**

Test Code to be registered: _____
Enter code as indicated below

ACTH (Cosyntropin) STIMULATION

1. **REGULAR DOSE (WITHOUT 17 OH PGN) CODE - ACS**

	0 Min	30 Min	60 Min
CORTISOL			

2. **LOW DOSE (WITHOUT 17 OH PGN) CODE - ACLO**

	0 Min	30 Min	60 Min
CORTISOL			

3. **REGULAR DOSE (WITH 17 OH PGN) CODE - ACSP**

	0 Min	30 Min	60 Min
CORTISOL			
17 HYDROXY- PROGESTERONE			

- HSC & SBH Lab Staff: Enter results on worksheets ACS.
- HSC & SBH Lab Staff: Enter results on worksheet ACLO.
- HSC Lab Staff: Enter results on worksheet ACSP.
SBH Lab Staff: Enter results for cortisol on worksheet ACSP.
Send 17 Hydroxyprogesterone to HSC; enter results on SP17.