

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

## OUTPATIENT ENDOCRINE DYNAMIC TESTING REQUEST



**Metabolism, Endocrinology & Diabetes/Podiatry (MEND)**

**Fax Form and Test Results\* to:**

**734-998-1439**

**Phone:**

**734-998-5871**

### Patient Demographic Information

|                                     |       |                     |      |
|-------------------------------------|-------|---------------------|------|
| Patient Last Name:                  |       | Patient First Name: |      |
| Street Address:                     | City: | State:              | Zip: |
| Home Phone:                         |       | Cell Phone:         |      |
| Patient Sex assigned at birth:      |       | Patient Gender:     |      |
| Main Contact Name (if not patient): |       | Main Contact Phone: |      |
| Primary Insurance Company:          |       |                     |      |
| Medical Record Number (MRN) or SSN: |       | Date of Birth:      |      |

### Physician Information

|   |        |        |      |
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| <b>Referring Physician Name:</b>  |        |        |      |
| Office Contact Name:  |        |        |      |
| Address:  | City:  | State: | Zip: |
|   | Phone: | Fax:   |      |
| <b>Primary Care Physician Name (if different than referring physician):</b> |        |        |      |
| Address:  | City:  | State: | Zip: |
|   | Phone: | Fax:   |      |

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| <b>Expected Date:</b><br><input type="checkbox"/> One Week<br><input type="checkbox"/> Two Weeks<br><input type="checkbox"/> One Month<br><input type="checkbox"/> Three Months<br><input type="checkbox"/> Six Months<br><input type="checkbox"/> Other: _____ | <b>Status:</b><br><input type="checkbox"/> Normal<br><input type="checkbox"/> Standing<br><input type="checkbox"/> Future | <b>Expires:</b><br><input type="checkbox"/> One Month<br><input type="checkbox"/> Two Months<br><input type="checkbox"/> Three Months<br><input type="checkbox"/> Four Months<br><input type="checkbox"/> Six Months<br><input type="checkbox"/> One Year<br><input type="checkbox"/> Eighteen Months<br><input type="checkbox"/> Other: _____ |
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| <b>Special Instructions from Referring Provider:</b> |
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| <b>Water Deprivation Test</b> | <b>Reason for Exam:</b><br><input type="checkbox"/> Diabetes Insipidus<br><input type="checkbox"/> _____  | <b>Referring Provider Instructions:</b><br><p>The ordering physician should instruct the patient when to begin NPO. The ordering physician should also instruct the patient which medications can be safely withheld during the test. Those medications that are essential may be taken with small sips of water on the morning of the test. Patient should not be on desmopressin.</p> <p><b>Guidelines for beginning NPO:</b></p> <ol style="list-style-type: none"> <li>1. Mild polydipsia: begin NPO at 6 pm the evening prior to the test.</li> <li>2. Severe polydipsia (drinking and voiding hourly): begin 4-6 am on the morning of the test.</li> <li>3. Intermediate patients: 10 pm if voids 2x/night; midnight if voids 3x/night; 4 am if voids 4x/night.</li> </ol> |
| <b>Insulin Tolerance Test</b> | <b>Reason for Exam:</b><br><input type="checkbox"/> Hypopituitarism<br><input type="checkbox"/> Secondary Adrenal Insufficiency<br><input type="checkbox"/> Growth Hormone Deficiency | <b>Referring Provider Instructions:</b><br><p>Patient should begin fasting by 10 pm the night before the test and hold medications in the morning until after the test has been completed. If</p>  |

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|   |   | <p>morning medications must be given, they may be taken with sips of water.</p> <p><b>Contraindications:</b></p> <ol style="list-style-type: none"> <li>1. Age &gt;65 years</li> <li>2. Coronary artery disease</li> <li>3. Seizure disorder</li> <li>4. Inability to fully cooperate.</li> </ol>  |
| <p><b>Saline Suppression Test</b></p>                 | <p><b>Reason for Exam:</b></p> <p><input type="checkbox"/> Primary Aldosteronism</p> <p><input type="checkbox"/> _____</p>              | <p><b>Referring Provider Instructions:</b></p> <p>This test should not be performed on patients with severe hypertension, evidence of congestive heart failure, renal failure or serum potassium less than 3.5 meq/L.</p> <p>If the patient is treated with diuretics, we recommend discontinuing diuretic 2 weeks prior to the test. Spironolactone must be stopped at least 4 weeks prior to the test. It is sometimes kept at the discretion of the ordering physician.</p> <p>We recommend avoiding treatment with beta blockers, angiotensin-converting enzyme inhibitors and angiotensin receptor blockers. If treated with calcium channel blocker, hold on the day of the test. This is also at the discretion of the ordering physician.</p> <p>Anti-hypertensive medications that do not interfere with test include direct vasodilators (hydralazine) and alpha adrenergic blockers (prazosin, doxazosin, terazosin).</p> <p>Verapamil SR is preferable if calcium channel blocker is needed as is atenolol if beta blocker is required.</p> <p><b>The ordering physician is responsible for making certain that potassium is greater than 3.5 meq/L and for reviewing medications that need to be stopped ahead of time.</b></p> |
| <p><b>Prolonged Fasting for Hypoglycemia Test</b></p> | <p><b>Reason for Exam:</b></p> <p><input type="checkbox"/> Suspected Spontaneous Hypoglycemia</p> <p><input type="checkbox"/> _____</p> | <p><b>Referring Provider Instructions:</b></p> <p>The referring physician should tell the patient when to begin the fast, preferably well prior to the arrival of the patient in the Endocrine Testing</p>   |

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|                                      |   | Laboratory. The ordering physician should determine whether it is safe for the patient to drive to and from the test. The patient will remain fasting for up to 8 hours in the Endocrine Testing Laboratory. If glucose is <45 mg/dL we will obtain insulin, C-peptide, proinsulin, cortisol, serum screen for oral hypoglycemics. If other tests are desired, specify in the Special Instructions field. |
| <b>Levothyroxine Absorption Test</b> | <b>Reason for Exam:</b><br><input type="checkbox"/> Hypothyroidism – Evaluation of absorption versus malabsorption of levothyroxine<br><br><input type="checkbox"/> _____   | <b>Referring Provider Instructions:</b><br><br>Patient holds medications in the morning and should have fasted for 10 hours +.<br><br>Contraindications: Allergy to active or extraneous constituents of drug, untreated thyrotoxicosis, pregnancy  |
| <b>Mixed Meal Test</b>               | <b>Reason for Exam:</b><br><input type="checkbox"/> Post Prandial Hypoglycemia<br><input type="checkbox"/> _____  | <b>Referring Provider Instructions:</b><br><br>The patient should be on a weight-maintaining diet without carbohydrate restriction for at least 3 days prior to the test. Patient should be fasting since midnight.   |
| <b>Glucagon Stimulation Test</b>     | <b>Reason for Exam:</b><br><input type="checkbox"/> Identify Presence of Growth Hormone Deficiency<br><input type="checkbox"/> Determination of Pancreatic Beta Cell Function<br><br><input type="checkbox"/> _____ | <b>Referring Provider Instructions:</b><br><br>Patient must be NPO since midnight.<br><br>Patient must have been OFF growth hormone for at least a month.   |
| <b>Clonidine Suppression Test</b>    | <b>Reason for Exam:</b><br><input type="checkbox"/> Pheochromocytoma<br><input type="checkbox"/> _____  | <b>Referring Provider Instructions:</b><br><br>Medications that can interfere with interpretation of this test should be discontinued at least 1 week before the test. These include tricyclic antidepressants, beta blockers, diuretics, hydralazine, minoxidil, phenoxybenzamine,   |

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|   | <p><b>Has the patient had equivocal results for this test performed at a Pathology Lab?</b></p> <p><input type="checkbox"/> No, Do Not Proceed with this Order</p> <p><input type="checkbox"/> Yes, Proceed with this Order</p>  | <p>tranylcypromine (Parnate), prazosin, phentolamine. Alpha-methyldopa and phenothiazine may decrease norepinephrine.</p>  |
| <p><b>Oral Glucose Tolerance Test (OGTT)</b></p>  | <p><b>Reason for Exam:</b></p> <p><input type="checkbox"/> Diabetes Mellitus</p> <p><input type="checkbox"/> Acromegaly</p> <p><input type="checkbox"/> _____</p> <p><b>Test Type:</b></p> <p><input type="checkbox"/> Standard (75g) with Measurement of Glucose</p> <p><input type="checkbox"/> For Acromegaly: 75g with measurement of growth hormone and glucose</p>   | <p><b>Referring Provider Instructions:</b></p> <p>The patient should be on a weight-maintaining diet without carbohydrate restriction for at least 3 day prior to the test.</p>  |
| <p><b>Cosyntropin (ACTH) Stimulation Test</b></p> | <p><b>Reason for Exam:</b></p> <p><input type="checkbox"/> Primary Adrenal Insufficiency</p> <p><input type="checkbox"/> Secondary Adrenal Insufficiency</p> <p><input type="checkbox"/> Congenital Adrenal Hyperplasia</p> <p><input type="checkbox"/> 21-Hydroxylase Deficiency</p> <p><b>Test Type:</b></p> <p><input type="checkbox"/> Standard (Cosyntropin 250 mg)</p> <p><input type="checkbox"/> Low Dose (cosyntropin 1mcg)</p> <p><input type="checkbox"/> CAH standard (Cosyntropin 250 mcg; measure cortisol and 17 OH-progesterone)</p> <p><input type="checkbox"/> CAH Complete (*See Note to the Right)</p> <p><b>Include Baseline ACTH:</b></p> <p><input type="checkbox"/> Yes _____</p> <p><input type="checkbox"/> No</p> | <p><b>Referring Provider Instructions:</b></p> <p>The "complete" study for congenital adrenal hyperplasia (CAH) should only be ordered in rare circumstances. The very large majority of CAH patients have 21-hydroxylase deficiency. The CAH Complete study includes Cosyntropin 250 mcg with measurement of cortisol, 17 OH-progesterone, 17 OH-pregnenalone and 11 deoxycortisol.</p> |

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| <p><b>Macimorelin testing for Adult Growth Hormone Deficiency</b></p> | <p><b>Reason for Exam</b><br/> <input type="checkbox"/> Evaluate presence of growth hormone deficiency</p> | <p>Ensure patient has been NPO for 8 hours, and remains NPO throughout the test.</p> <p>Ensure patient has discontinued strong CYP3A4 Inducer (e.g. carbamazepine, enzalutamide, mitotane, phenytoin, rifampin, St. John's wort, bosentan, efavirez, etravirine, modafinil, armodafinil, rufinamide).</p> <p>Ensure patient has discontinued medications that prolong QT and had a normal QT on EKG before doing the test.</p> <p>Ensure patient has discontinued growth hormone medication 1 month in advance of the test.</p> |
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