

Place Patient ID Sticker here

ADRENAL VEIN SAMPLING (Aldosterone and Cortisol)

Date: _____

Physician: _____

Angiography Collection Instructions:

Prior to collection, contact Central Laboratory Sendouts at 801-507-2254.

State the Date/Time/Type of sampling, the test(s) being ordered to receive clarification on tube type(s) needed.

Collect one full tube for each test requested and send the samples and requisition to the Sendouts department in the Central Laboratory ASAP (must be within 2 hours of collection).

Lab Staff Ordering Instructions (SENDOUTS):

Each tube must be ordered on a separate accession, with collection times differing by at least one minute to avoid system duplicates.

Order the test code **and** a **HOLD30** for every tube. Enter the tube # and site of the draw in the modifier. Also copy and paste in SQ result box after source.

Place accession stickers on the form and make a copy for scanning.

BASELINE

Aldosterone	Time	Tube #	Accession
Rt Adrenal Vein			
Lt Adrenal Vein			
IVC			
Cortisol	Time	Tube #	Accession
Rt Adrenal Vein			
Lt Adrenal Vein			
IVC			

POST DOSE

Aldosterone	Time	Tube #	Accession
Rt Adrenal Vein			
Lt Adrenal Vein			
IVC			
Cortisol	Time	Tube #	Accession
Rt Adrenal Vein			
Lt Adrenal Vein			
IVC			