

Place Patient ID Sticker here

**PETROSAL SINUS SAMPLING  
Adrenocorticotrophic Hormone (ACTH)**

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 deliver 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.

<b>BASELINE</b>	Time	Tube #	Accession
Femoral Rt/Lt			
Rt Petrosal Sinus			
Lt Petrosal Sinus			
<b>ACTHRELL GIVEN</b>	<b>TIME:</b>	<b>DOSE:</b>	
<b>1 MINUTE</b>	Time	Tube #	Accession
Femoral Rt/Lt			
Rt Petrosal Sinus			
Lt Petrosal Sinus			
<b>3 MINUTES</b>	Time	Tube #	Accession
Femoral Rt/Lt			
Rt Petrosal Sinus			
Lt Petrosal Sinus			
<b>5 MINUTES</b>	Time	Tube #	Accession
Femoral Rt/Lt			
Rt Petrosal Sinus			
Lt Petrosal Sinus			
<b>10 MINUTES</b>	Time	Tube #	Accession
Femoral Rt/Lt			
Rt Petrosal Sinus			
Lt Petrosal Sinus			