

<u>Accession Number</u>
Office Use

ENDOCRINOLOGY SUBMISSION FORM

<p>Date Samples Taken _____</p> <p>Veterinarian _____</p> <p>Clinic _____</p> <p>Phone _____</p> <p>Email _____</p>	<p>Owner Name _____</p> <p>Animal Name _____ Case # _____</p> <p>Species _____ Breed _____</p> <p>Age _____ Weight _____</p> <p>Sex: <input type="checkbox"/> M/N <input type="checkbox"/> F/S <input type="checkbox"/> Male intact <input type="checkbox"/> Female intact</p>	
<p>History, clinical signs, exam findings:</p> 		
<p>No. of tubes: Serum _____ Plasma _____ Urine _____</p>		
<p>Adrenal therapy (trilostane, mitotane, pergolide)</p> <p>Med: _____ Dose: _____ Freq: _____</p>	<p>Thyroid therapy (thyroxine, methimazole, y/d®)</p> <p>Med: _____ Dose: _____ Freq: _____</p>	
<p><u>Thyroid Function</u></p> <p><input type="checkbox"/> TT4</p> <p><input type="checkbox"/> TT4 + FT4</p> <p><input type="checkbox"/> TT4 + FT4 + TSH</p> <p><input type="checkbox"/> FT4</p> <p><input type="checkbox"/> FT4 + TSH</p> <p><input type="checkbox"/> TSH</p> <p><u>Therapeutic Monitoring</u></p> <p><input type="checkbox"/> Post-pill (_____ hr post)</p> <p style="padding-left: 20px;"><input type="checkbox"/> TT4 <input type="checkbox"/> FT4 <input type="checkbox"/> TSH</p> <p><input type="checkbox"/> Pre-pill (_____ hr last dose)</p> <p style="padding-left: 20px;"><input type="checkbox"/> TT4 <input type="checkbox"/> FT4 <input type="checkbox"/> TSH</p>	<p><u>Adrenal Function</u></p> <p><input type="checkbox"/> Cortisol (resting/baseline)</p> <p><input type="checkbox"/> Urine Cortisol/Creatinine Ratio</p> <p><input type="checkbox"/> Dexamethasone Suppression Test</p> <p style="padding-left: 20px;"><input type="checkbox"/> Low-dose <input type="checkbox"/> High-dose</p> <p style="padding-left: 40px;">_____ hours post dexamethasone</p> <p style="padding-left: 40px;">_____ hours post dexamethasone</p> <p><input type="checkbox"/> ACTH Stimulation Test</p> <p style="padding-left: 20px;">_____ hours post ACTH</p> <p style="padding-left: 20px;">_____ hours post ACTH</p>	<p><u>Trilostane Monitoring</u></p> <p><input type="checkbox"/> Cortisol (resting)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Pre-Pill <input type="checkbox"/> Post-Pill</p> <p style="padding-left: 40px;">_____ hours since last dose</p> <p><input type="checkbox"/> ACTH Stimulation Test (Post-trilostane)</p> <p style="padding-left: 20px;">_____ hours post-trilostane</p> <p style="padding-left: 20px;">_____ hours post-ACTH</p> <p style="padding-left: 20px;">_____ hours post-ACTH</p>
<p><u>Pituitary Function</u></p> <p><input type="checkbox"/> ACTH (resting/baseline)</p> <p><input type="checkbox"/> IGF-1 (feline)- research only; call before submission</p>	<p><u>Equine Pituitary/Adrenal Function</u></p> <p><input type="checkbox"/> ACTH (resting/baseline) <input type="checkbox"/> Dexamethasone Suppression Test</p> <p><input type="checkbox"/> TRH Stimulation Test _____ hours post-dexamethasone</p> <p style="padding-left: 40px;">_____ min post TRH</p> <p style="padding-left: 40px;">_____ min post TRH</p>	