

Office Use	<u>Accession Number</u>
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ENDOCRINOLOGY SUBMISSION FORM

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