



Inter Science Institute (ISI)
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Physician, Lab, Hosp _____
 Address _____
 Department _____
 City _____ State _____ Zip _____

Patient Name _____
 Age _____ Patient Accn. No. _____
 Sex _____
 Specimen Type(s): _____
 Collection Date: _____

Time Specimen

Rec'd at ISI: _____ AM _____ PM Temp: F R A ISI Accn. No. _____

- | | |
|--|--|
| <input type="checkbox"/> ACTH P___ S___ U___ | <input type="checkbox"/> PANCREASTATIN* |
| <input type="checkbox"/> AMYLOID β -PROTEIN P___ Fluid_____ | <input type="checkbox"/> PEPSINOGEN I P___ S___ |
| <input type="checkbox"/> ANGIOTENSIN: Angio I_____ Angio II_____ | <input type="checkbox"/> PEPSINOGEN II P___ S___ |
| <input type="checkbox"/> ANTI-DIURETIC HORMONE (ADH) P___ S___ U___ | <input type="checkbox"/> PEPTIDE YY (PYY)** |
| <input type="checkbox"/> CHOLECYSTOKININ (CCK)** | <input type="checkbox"/> PROGESTERONE P___ S___ U___ |
| <input type="checkbox"/> CORTICOTROPIN RELEASING FACTOR (CRF) P___ S___ | <input type="checkbox"/> 17-HYDROXY PROGESTERONE P___ S___ U___ |
| <input type="checkbox"/> DEHYDROEPIANDROSTERONE (DHEA) P___ S___ U___ | <input type="checkbox"/> PROSTAGLANDIN: |
| <input type="checkbox"/> ELASTASE (Serum Only) | PG D2_____ P___ S___ RANDOM URINE _____ |
| <input type="checkbox"/> ENDOTHELIN I P___ S___ | PG E1_____ P___ S___ RANDOM URINE _____ |
| <input type="checkbox"/> ESTRADIOL (E2) P___ S___ U___ | PG E2_____ P___ S___ RANDOM URINE _____ |
| <input type="checkbox"/> GHRELIN, Total** | PG F2 α _____ P___ S___ RANDOM URINE _____ |
| <input type="checkbox"/> GONADOTROPIN RELEASING HORMONE (Gn-RH) P___ S___ | <input type="checkbox"/> SANDOSTATIN® (Octreotide) P___ S___ |
| <input type="checkbox"/> GROWTH HORMONE RELEASING HORMONE (GH-RH) P___ S___ | <input type="checkbox"/> SECRETIN** |
| <input type="checkbox"/> 5-HYDROXYINDOLEACETIC ACID (5-HIAA, Plasma)* | <input type="checkbox"/> SOMATOSTATIN** |
| <input type="checkbox"/> INTERLEUKIN: 1 α 1 β 6 8 10 P___ S___ Fluid_____ | <input type="checkbox"/> SUBSTANCE P* |
| <input type="checkbox"/> LANREOTIDE (Somatuline® Depot) | <input type="checkbox"/> TESTOSTERONE P___ S___ U___ |
| <input type="checkbox"/> LUTEINIZING HORMONE RELEASING HORMONE P___ S___ | <input type="checkbox"/> THYROTROPIN RELEASING HORMONE (TRH)+ |
| <input type="checkbox"/> MELANOCYTE STIMULATING HORMONE (MSH): | <input type="checkbox"/> VASOACTIVE INTESTINAL PEPTIDE (VIP)** P___ U___ |
| α _____ β _____ γ _____ (Plasma Only) | <input type="checkbox"/> OTHER ASSAY(s): _____ |
| <input type="checkbox"/> MOTILIN P___ S___ | |
| <input type="checkbox"/> NEUROKININ A (SUBSTANCE K)* | HORMONE PROFILES: |
| <input type="checkbox"/> NEUROPEPTIDE Y (NPY)* | <input type="checkbox"/> FREE DHEA PROFILE P___ S___ |
| <input type="checkbox"/> NEUROTENSIN* | <input type="checkbox"/> FREE ESTRADIOL PROFILE (FREE E2) P___ S___ |
| <input type="checkbox"/> OCTREOTIDE (Sandostatin®) P___ S___ | <input type="checkbox"/> FREE PROGESTERONE PROFILE P___ S___ U___ |

FOR URINE ASSAYS, PLEASE NOTE TOTAL VOLUME/24 HRS. OR RANDOM: _____

NOTE SPECIAL FLUIDS (CSF, Vitreous, Synovial, etc.): _____

***Z-Tube™, **G.I.™, +TRH™ ASSAYS REQUIRE COLLECTION WITH ISI'S SPECIFIC PRESERVATIVE TUBES
 CONTACT ISI FOR DETAILS: (310) 677-3322 or requests@InterScienceInstitute.com**