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Physician, Lab, Hosp _____

Address _____

Department _____

City _____ State _____ Zip _____

Patient Name _____ DOB____ ___

Patient Accn. No. _____ Gender _____

Specimen Type(s): _____

Collection Date: _____ Collection Time: _____

Temp: ☐ F ☐ R ☐ A

ISI Accn. No.

- ☐ ADRENOCORTICOTROPIC HORMONE(ACTH) U 24HR___ U Random___
- ☐ AGOUTI-RELATED PROTEIN (AgRP) ____
- ☐ AMYLOID β-PROTEIN P___ Fluid_____
- ☐ ANGIOTENSIN I_____
- ☐ ANGIOTENSIN II_____
- ☐ ANTI-DIURETIC HORMONE (ADH) U 24HR___ U Random___
- ☐ CHOLECYSTOKININ (CCK)**
- ☐ CHROMOGRANIN A (CgA) P___ S___
- ☐ CORTICOTROPIN RELEASING FACTOR (CRF) P___
- ☐ DEHYDROEPIANDROSTERONE (DHEA) S___ U___
- ☐ ELASTASE (Serum Only)
- ☐ ENDOTHELIN I P___ S___
- ☐ ESTRADIOL (E2) P___ S___ U___
- ☐ GHRELIN, Total**
- ☐ GLUCAGON
- ☐ GLUCAGON-LIKE PEPTIDE-1, Total
- ☐ GONADOTROPIN RELEASING HORMONE (Gn-RH) P__ S__
- ☐ GROWTH HORMONE RELEASING HORMONE (GH-RH) P__ S__
- ☐ 5-HYDROXYINDOLEACETIC ACID (5-HIAA, Plasma)
- ☐ INTERLEUKIN: 1α 1β 6 8 10 P_ S_ Fluid_____
- ☐ LANREOTIDE (Somatuline® Depot)
- ☐ LUTEINIZING HORMONE RELEASING HORMONE P_ S_
- ☐ MELANOCYTE STIMULATING HORMONE (MSH):

  α_____ β_____ γ_____ (Plasma Only)
- ☐ MOTILIN P___ S___
- ☐ NEUROKININ A (SUBSTANCE K)*
- ☐ NEUROPEPTIDE Y (NPY)*
- ☐ NEUROTENSIN*
- ☐ OCTREOTIDE (Sandostatin®) P___ S___
- ☐ PANCREASTATIN*
- ☐ PEPSINOGEN I P___ S___
- ☐ PEPSINOGEN II P___ S___
- ☐ PEPTIDE YY (PYY)**
- ☐ PROGESTERONE P___ S___ U___
- ☐ 17-HYDROXY PROGESTERONE P___ S___ U___
- ☐ **PROSTAGLANDIN**:

  PG D2 P___ S___ U RANDOM___ U 24HR___
  PG E1 P___ S___ U RANDOM___
  PG E2 P___ S___ U RANDOM___
  PG F2α P___ S___ U RANDOM___
- ☐ 11βPG F2α U RANDOM___ U 24HR___
- ☐ tetranor PGDM U RANDOM___ U 24HR___
- ☐ SANDOSTATIN® (Octreotide) P___ S___
- ☐ SECRETIN**
- ☐ SEROTONIN
- ☐ SOMATOSTATIN
- ☐ SUBSTANCE P*
- ☐ THYROTROPIN RELEASING HORMONE (TRH)+
- ☐ TISSUE FACTOR
- ☐ VASOACTIVE INTESTINAL PEPTIDE (VIP) P___ U___

- ☐ OTHER ASSAY(s):_____

HORMONE PROFILES:

FREE DHEA PROFILE S___
FREE ESTRADIOL PROFILE (FREE E2) P___ S___
FREE PROGESTERONE PROFILE P___ S___

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