

Adrenal Vein Sampling

Patient Details/Bradma

Patient Name: Date of Birth:

Monash Health UR Number:

Address:

Home Phone: Mobile: Email:

Outpatient Inpatient Ward:

For Inpatient only: Treating Consultant:

Requester Details

Referring Dr: Signature: Date:

Provider No: Phone No: Pager No:

Email:

1. Baseline UEC, aldosterone, renin and ARR (Date, Pathology lab)

Date: Pathology Lab: Aldosterone:

Renin: ARR: eGFR:

Sodium: Potassium: Lowest potassium (date):

2. Saline suppression test results including:

Date: Pathology Lab:

Pre-saline: aldosterone: Cortisol: K: Renin:

Post-saline: aldosterone: Cortisol : K: Renin:

3. Previous Adrenal CT result (where, when and findings, if applicable)

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4. 1mg dexamethasone suppression test result:

Date: Time: Cortisol:

5. Plasma metanephrines test result:

Date: Pathology lab: Metanephrines:

Normetanephrines: 3MT:

6. Current status

BP: eGFR: K: Renin:

Medications (including oral contraceptive pills which can interfere with aldosterone/renin results):

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7. Extra Comments

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