

## Endocrinology Clinic

Fax: 504.903.1605

Fax this form with the Endocrinology Master Referral form when requesting appointment.

Patient Label/Stamp

### Appendix: ADRENAL INSUFFICIENCY

Serum Cortisol test results (current within the past 6 months) are required for this referral:  
\*\*ACTH Stimulation test (optional) may also be useful. Please indicate test results if not available in CLIQ and fax with the Endocrine Clinic referral form:

Patient's Name: \_\_\_\_\_ Date of Referral: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ LIH Medical Record#: \_\_\_\_\_

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Serum Cortisol (random) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ACTH Stimulation test (optional)

Cortisol at 0 minutes (baseline) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cortisol at 30 minutes \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cortisol at 60 minutes \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

How to perform ACTH stimulation test:  
**Preparation:**  
ACTH for injection is a sterile lyophilized powder in vials containing 250 microgram of cosyntropin. This is to be reconstituted with 1 ml of 0.9% sodium chloride provided in the kit.  
**Procedure:**  
Prepare the ACTH  
Draw a baseline Serum Cortisol (7 ml in a red top tube)  
Inject the prepared ACTH solution over 60 seconds as an IV push or IM.  
Flush immediately with 5 ml of 0.9% sodium chloride  
Note the time  
Draw Serum Cortisol at 30 mins and at 60 mins  
Place all 3 tubes in the same specimen bag; label each tube with time (EX:  
Tube 1 should be labeled "ACTH stimulation test, 0 mins"  
Tube 2 should be labeled "ACTH stimulation test, 30 mins"  
Tube 3 should be labeled "ACTH stimulation test, 60 mins"  
Transport immediately to Endocrine laboratory