

Planned Investigations Unit – 8 South CXH
Please complete all fields, omissions will delay your request

| | | | |
|--|-------------|-------------------|------|
| Patient Name, Address AND Date of Birth (or affix addressograph label) | | | |
| | Male | Female | |
| Hospital No. | | Consultant | |
| Pt Tel No. | Home | | Work |

| | | | |
|--|---------------|--|---------------|
| Transport Interpreter | Yes/No | Pre – admission Tests | Yes/No |
| | Yes/No | If required, please attach relevant forms with this referral. | |
| Any Mobility Issues | Yes/No | | |
| Special Diet Required | Yes/No | | |
| Pt currently taking anti-coagulant meds | Yes/No | | |
| Diabetes | Yes/No | | |
| Any other requirements | Yes/No | NB: Patient should stop HRT 6 weeks before test | |

| | |
|--------------------------------|--|
| Diagnosis | |
| Investigation/Procedure | |
| Sequenced? | |
| Date of investigation | |
| Time of investigation | |

| | | |
|--|---------------------------|--------------|
| Admit date | / | / |
| Admit time | : | |
| Discharge date | / | / |
| Discharge Time | : | |
| | Own Transport | |
| | Hospital Transport | |
| Date | / | / |
| Referring Clinician(please print) | Bleep: | Sign: |
| | | |

Please complete and return to Nurses station on 8 South, with any pre-admission test forms attached.

Requests within 24 hours of admission to be discussed with Senior Sister on 1939.

Completed drug charts need to be in the unit 48 hours before admission.

NB: Patient should stop HRT 6 weeks before test

020 8846 105/1067

Ext 1065/1067

020 8846 1862

020 8383 5000 (Appointments)

Department of Endocrinology & Diabetes

Dear

We have arranged for a Short Synacthen test to be performed on

Please come to the Planned Investigations Unit (8 South), of Charing Cross Hospital at 9 am.

You can have your breakfast as normal before attending for the test and take all your normal morning medications.

If you are on Hydrocortisone please omit the Hydrocortisone tablets the evening before the test, and the morning of the test, (ie, if the test is on a Tuesday morning, no Hydrocortisone should be taken after 6 pm the night before). Please bring your Hydrocortisone with you to take at the end of the test.

If this date is not convenient please contact the Endocrinology Secretary on 020 8846 1065.

Many thanks.

Yours sincerely,

Dr
SpR in Endocrinology/Metabolic Medicine

Dear Dr.....

Your patient was admitted for a: Short Synacthen Test

Date of test:

Name :
Hospital Number:
Date of Birth:
Address:

Telephone Number(s):

Diagnosis:

Drugs:

Results

| Time | Cortisol nmol/l | ACTH | CBG |
|-----------|-----------------|------|-----|
| T=0min | | | |
| T=+30min | | | |
| T=+60 min | | | |

Interpretation

Next OPA:

Signed (Consultant/SpR):

Name:

Date:

**Endocrine Unit
Charing Cross Hospital
Fulham Palace Road
London W6 8RF
Tel: 020 8846 1065/1067, Fax 020 8846 1862**