



St. Clair
Health

Sipe Infusion Center
Cortisol Stimulation Testing Order



Today's Date: _____
Patient Name: _____ Date of Birth: _____
Ordering Clinician (PLEASE PRINT): _____ MD / DO / NP / PA
Phone #: _____ Fax #: _____
Diagnosis: _____ ICD-10 Code: _____

CORTISOL, ACTH, 17 OH PROGESTERONE STIMULATION TESTING

BASELINE LABS (prior to administration of Cosyntropin):

- Draw Cortisol Level AM
- Draw Baseline Progesterone 17-Hydroxy (Mayo) (Baseline)
- Draw Baseline Adrenocorticotrophic Hormone Serum (ACTH) Level (Mayo)

ADMINISTER COSYNTROPIN: 250 mcg IV push x 1

POST ADMINISTRATION OF COSYNTROPIN:

Labs 30 min Post Admin of Cosyntropin

- Cortisol Level 30 Min
- Progesterone 17-Hydroxy (Mayo) 30 min
- Adrenocorticotrophic Hormone Serum (ACTH) (Mayo) 30 min

Labs 60 min Post Admin of Cosyntropin

- Cortisol Level 60 Min
- Progesterone 17-Hydroxy (Mayo) 60 min
- Adrenocorticotrophic Hormone Serum (ACTH) (Mayo) 60 min

Physician Signature: _____ Date: _____ Time: _____

**FAX COMPLETED ORDER AND PATIENT DEMOGRAPHICS WITH INSURANCE INFORMATION TO
412-942-3559**

Patient Name: _____ Date of Birth: _____
Ordering Clinician (PLEASE PRINT): _____ MD / DO / NP / PA