



Inter Science Institute (ISI)  
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Physician, Lab, Hosp \_\_\_\_\_

Address \_\_\_\_\_

Department \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Patient Name \_\_\_\_\_

Age \_\_\_\_\_ Patient Accn. No. \_\_\_\_\_

Sex \_\_\_\_\_ Specimen Type(s): \_\_\_\_\_

Collection Date: \_\_\_\_\_

Date Specimen

Time Rec'd at ISI: \_\_\_\_\_ AM \_\_\_\_\_ PM Temp:  F  R  A

ISI Accn. No. \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> ACTH P__ S__ U__   | <input type="checkbox"/> PANCREASTATIN*                                |
| <input type="checkbox"/> AMYLOID $\beta$ -PROTEIN P__ Fluid _____                     | <input type="checkbox"/> PEPSINOGEN I P__ S__                          |
| <input type="checkbox"/> ANGIOTENSIN: Angio I _____ Angio II _____                    | <input type="checkbox"/> PEPSINOGEN II P__ S__                         |
| <input type="checkbox"/> ANTI-DIURETIC HORMONE (ADH) P__ S__ U__                      | <input type="checkbox"/> PEPTIDE YY (PYY)**                            |
| <input type="checkbox"/> CHOLECYSTOKININ (CCK)**                                      | <input type="checkbox"/> PREGNENOLONE P__ S__ U__                      |
| <input type="checkbox"/> CORTICOTROPIN RELEASING FACTOR (CRF) P__ S__                 | <input type="checkbox"/> PROGESTERONE P__ S__ U__                      |
| <input type="checkbox"/> CORTISOL (Compound F) P__ S__                                | <input type="checkbox"/> 17-HYDROXY PROGESTERONE P__ S__ U__           |
| <input type="checkbox"/> DEHYDROEPIANDROSTERONE (DHEA) P__ S__ U__                    | <input type="checkbox"/> PROSTAGLANDIN:                                |
| <input type="checkbox"/> DHEA-SULFATE (DHEA-S) P__ S__ U__                            | PG D2 _____ P__ S__ U__  |
| <input type="checkbox"/> ELASTASE (Serum Only)  | PG E1 _____ P__ S__ U__  |
| <input type="checkbox"/> ENDOTHELIN I P__ S__   | PG E2 _____ P__ S__ U__  |
| <input type="checkbox"/> ESTRADIOL (E2) P__ S__ U__                                   | PG F2 $\alpha$ _____ P__ S__ U__                                       |
| <input type="checkbox"/> ESTRIOL (E3) P__ S__ U__                                     | <input type="checkbox"/> SANDOSTATIN® (Octreotide) P__ S__             |
| <input type="checkbox"/> ESTRONE (E1) P__ S__ U__                                     | <input type="checkbox"/> SECRETIN**                                    |
| <input type="checkbox"/> GASTRIN (Serum Only)   | <input type="checkbox"/> SOMATOSTATIN**                                |
| <input type="checkbox"/> GHRELIN, Total**   | <input type="checkbox"/> SUBSTANCE P*                                  |
| <input type="checkbox"/> GLUCAGON LIKE PEPTIDE-1 (GLP-1, Total)**                     | <input type="checkbox"/> TESTOSTERONE P__ S__ U__                      |
| <input type="checkbox"/> GONADOTROPIN RELEASING HORMONE (Gn-RH) P__ S__               | <input type="checkbox"/> THYROTROPIN RELEASING HORMONE (TRH)+          |
| <input type="checkbox"/> GROWTH HORMONE RELEASING HORMONE (GH-RH) P__ S__             | <input type="checkbox"/> TUMOR NECROSIS FACTOR- $\alpha$ P__ S__       |
| <input type="checkbox"/> 5-HYDROXYINDOLEACETIC ACID (5-HIAA, Plasma)*                 | <input type="checkbox"/> VASOACTIVE INTESTINAL PEPTIDE (VIP)** P__ U__ |
| <input type="checkbox"/> INTERLEUKIN: 1 $\alpha$ 1 $\beta$ 6 8 10 P__ S__ Fluid _____ | <input type="checkbox"/> OTHER ASSAY(s): _____                         |
| <input type="checkbox"/> LANREOTIDE (Somatuline® Depot)                               |  |
| <input type="checkbox"/> LUTEINIZING HORMONE RELEASING HORMONE P__ S__                |  |
| <input type="checkbox"/> MELANOCYTE STIMULATING HORMONE (MSH):                        | <b>HORMONE PROFILES:</b>   |
| $\alpha$ _____ $\beta$ _____ $\gamma$ _____ (Plasma Only)                             | <input type="checkbox"/> FRACTIONATED & TOTAL ESTROGENS (E1, E2, E3)   |
| <input type="checkbox"/> MOTILIN P__ S__  | P__ S__ U__  |
| <input type="checkbox"/> NEUROKININ A (SUBSTANCE K)*                                  | <input type="checkbox"/> FREE DHEA PROFILE P__ S__                     |
| <input type="checkbox"/> NEUROPEPTIDE Y (NPY)*  | <input type="checkbox"/> FREE ESTRADIOL PROFILE (FREE E2) P__ S__      |
| <input type="checkbox"/> NEUROTENSIN*   | <input type="checkbox"/> FREE PROGESTERONE PROFILE P__ S__ U__         |
| <input type="checkbox"/> OCTREOTIDE (Sandostatin®) P__ S__                            | <input type="checkbox"/> FREE TESTOSTERONE PROFILE P__ S__ U__         |
|   | <input type="checkbox"/> FREE & WEAKLY BOUND TESTOSTERONE 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