



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 of Specimen

Time Rec'd at ISI: _____ AM _____ PM Temp: F R A ISI Accn. No. _____

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Adrenocorticotrophic Hormone (ACTH) P___ U___ <input type="checkbox"/> AMYLOID β-PROTEIN P___ Fluid _____ <input type="checkbox"/> ANGIOTENSIN I _____ <input type="checkbox"/> ANGIOTENSIN II _____ <input type="checkbox"/> ANTI-DIURETIC HORMONE (ADH) U___ <input type="checkbox"/> CHOLECYSTOKININ (CCK)** <input type="checkbox"/> CORTICOTROPIN RELEASING FACTOR (CRF) P___ <input type="checkbox"/> DEHYDROEPIANDROSTERONE (DHEA) P___ S___ U___ <input type="checkbox"/> ELASTASE (Serum Only) <input type="checkbox"/> ENDOTHELIN I P___ S___ <input type="checkbox"/> ESTRADIOL (E2) P___ S___ U___ <input type="checkbox"/> GHRELIN, Total** <input type="checkbox"/> GONADOTROPIN RELEASING HORMONE (Gn-RH) P___ S___ <input type="checkbox"/> GROWTH HORMONE RELEASING HORMONE (GH-RH) P___ S___ <input type="checkbox"/> 5-HYDROXYINDOLEACETIC ACID (5-HIAA, Plasma)* <input type="checkbox"/> INTERLEUKIN: 1α 1β 6 8 10 P___ S___ Fluid _____ <input type="checkbox"/> LANREOTIDE (Somatuline® Depot) <input type="checkbox"/> LUTEINIZING HORMONE RELEASING HORMONE P___ S___ <input type="checkbox"/> MELANOCYTE STIMULATING HORMONE (MSH):
 α___ β___ γ___ (Plasma Only) <input type="checkbox"/> MOTILIN P___ S___ <input type="checkbox"/> NEUROKININ A (SUBSTANCE K)* <input type="checkbox"/> NEUROPEPTIDE Y (NPY)* <input type="checkbox"/> NEUROTENSIN* <input type="checkbox"/> OCTREOTIDE (Sandostatin®) P___ S___ <input type="checkbox"/> PANCREASTATIN* <input type="checkbox"/> PEPSINOGEN I P___ S___ <input type="checkbox"/> PEPSINOGEN II P___ S___ | <ul style="list-style-type: none"> <input type="checkbox"/> PEPTIDE YY (PYY)** <input type="checkbox"/> PROGESTERONE P___ S___ U___ <input type="checkbox"/> 17-HYDROXY PROGESTERONE P___ S___ U___ <input type="checkbox"/> PROSTAGLANDIN:
 PG D2 P___ S___ U RANDOM___ U 24HR___
 PG E1 P___ S___ U RANDOM___
 PG E2 P___ S___ U RANDOM___
 PG F2α P___ S___ U RANDOM___
 11βPG F2α U RANDOM___ U 24HR___
 tetranor PGDM U RANDOM___ U 24HR___
 PG D2 PROFILE 24HR___ <input type="checkbox"/> SANDOSTATIN® (Octreotide) P___ S___ <input type="checkbox"/> SECRETIN** <input type="checkbox"/> SOMATOSTATIN** <input type="checkbox"/> SUBSTANCE P* <input type="checkbox"/> THYROTROPIN RELEASING HORMONE (TRH)+ <input type="checkbox"/> VASOACTIVE INTESTINAL PEPTIDE (VIP)** P___ U___ <input type="checkbox"/> OTHER ASSAY(s): _____
 HORMONE PROFILES: <input type="checkbox"/> FREE DHEA PROFILE S___ <input type="checkbox"/> FREE ESTRADIOL PROFILE (FREE E2) P___ S___ <input type="checkbox"/> FREE PROGESTERONE PROFILE 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**