



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