

---

# PATIENT INFORMATION SHEET

**Note:** To satisfy CLIA requirements, and for our laboratory to provide you with test results, all parts of the upper portion of this form must be filled out. We would appreciate all parts in the lower portion to be also filled out if the information is available.

Affix Patient ID sticker here  
if available

Information on sticker does not have  
to be repeated below

---

Patient's name: \_\_\_\_\_ NIH ID: \_\_\_\_\_  
Family Name, First Name, Middle Name (for NIH patients only)

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_ Date/time blood drawn: \_\_\_\_\_  
mth/day/yr m/f mth/day/yr - hr

Ordering Physician's Name (print legibly): \_\_\_\_\_

Physician's phone no: \_\_\_\_\_ FAX no: \_\_\_\_\_

Physician's address: \_\_\_\_\_

Tests requested (check each test requested):    Catechols    Metanephrines

Reason for Test: \_\_\_\_\_

---

Information below is not essential for report to be returned to ordering physician

Medications (prescribed or over-the-counter) that the patient has taken in the last week: (*Note: for tests of metanephrines patient must not have taken Acetaminophen or Tylenol for at least 5 days*)

_____	_____
_____	_____
_____	_____
_____	_____

Sampling conditions (✓) to confirm: Through i.v.?    Supine  $\geq$  15 min?    Fasted overnight?  
Caffeinated or decaffeinated coffee in the past 12 hours?    Stored at -70 °C?

Vital signs: BP, P supine: \_\_\_\_\_ BP, P upright 5 minutes: \_\_\_\_\_

Please include any other pertinent clinical data (*including results of specialized tests such as CT, MRI, or MIBG scans; urine catecholamines, metanephrines, or VMA; clonidine suppression test; tilt table test; Valsalva — Attach copies of lab reports or a patient history if appropriate*).

---

---