|  |  |  |  |
| --- | --- | --- | --- |
| ETIQUETTE PATIENT | Prescripteur  | Préleveur  | Prélèvement fait |
| Nom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  | Nom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  | Nom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  | Le (date) : |
| Nom de naissance : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | (Prénom) : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Signature (*facultative, sinon prescription signée obligatoire dans le dossier)* | Qualité : \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_  | A (heure) : |
| Prénom :\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  | Signature: | Service : |
| Né(e) le : \_ \_/ \_ \_ /\_ \_ Sexe : |  | UF : |

Epreuve fonctionnelle réalisée : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  Temps (min)Analyses | T-15 | T0 | T15 | T30 | T45 | T60 | T120 | T\_\_\_ | T\_\_\_ |
| Tube sec avec séparateur **(Jaune)** |
| TSH | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| T3L | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| T4L | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Prolactine  | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| LH | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| FSH | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Oestradiol | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| C-Peptide | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Cortisol | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 17-OH-Progestérone | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Insuline | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| PTH | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Tube Hépariné **(Vert)** |
| Calcémie | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Phosphore | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Protéines | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Osmolarité | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
|  Temps (min)Analyses | T-15 | T0 | T15 | T30 | T45 | T60 | T120 | T\_\_\_ | T\_\_\_ |
| Tube Fluorure **(Gris)** |
| Glycémie | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Urine **(Monovette Jaune)** |
| Osmolarité urinaire | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Examen externalisé (Se référer au catalogue **Biomnis**) |
| Pro-insuline | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Testostérone | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| ADH | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| GH | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Cortisol Libre Urinaire | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| ACTH | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Calcitonine | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |