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## Glucagon Stimulated C-Peptide Determination Order Form

Epic Referral: REF

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ ICD-10 Diagnosis: \_\_\_\_\_

### Rx:

Please Order:

\_\_\_\_\_ Baseline blood glucose via Glucometer – do NOT perform test if glucose >300  
**\*must be following 8-14 hour overnight fast\***

\_\_\_\_\_ Baseline serum glucose

\_\_\_\_\_ Baseline serum c-peptide

\_\_\_\_\_ Glucagon 1mg IV over 10 seconds

5-minute serum c-peptide + serum glucose

10-minute serum c-peptide + serum glucose

### Note:

If the patient takes any of the following medications, they must be HELD for  $\geq 12$  hours prior to test:

**NPH insulin, Glipizide, Glyburide**

If the patient takes any of the following medications, they must be HELD for  $\geq 24$  hours prior to test:

**Glipizide XL, Glimepiride**

Other Comments: \_\_\_\_\_

Prescriber Printed Name: \_\_\_\_\_

Prescriber Full Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_