Glutamate Challenge Test

COMPLIANCE FORM

Please complete this form to certify that you have followed the outlined protocol for the glutamate challenge test. This information is necessary for interpreting the results of the test and will ensure that the test goes smoothly for the patient. The information on this form is considered confidential and will only be used for scientific purposes.

PATIENT INFORMATION:

Patient Name:

Address:

Phone #:

Date of Birth:

E-mail:

LABCORP BRANCH/INDEPENDENT CLINIC INFORMATION:

Lab/Practitioner Name:

Address:

Phone #:

TEST DETAILS

Food is not permissible during fasting but water is allowed. Morning appointments are recommended for this reason.

Fasting period should be at least 8 hours, but not longer than 12 hours.

Bring 8 oz water and a wide straw to dissolve the protein powder.

Do not spend more than 10 minutes to consume the protein powder mixture.

DO NOT URINATE between test one and test two. Urination before the first test is allowed.

Bring ID and requisition form (if using LabCorp) to appointment.

Chugging the drink is not recommended as it may cause queasiness.

The second test should be done **exactly 1 hour** after the first test. **Check in with the staff 20-30 minutes** ahead of the hour mark (post finishing protein powder) to give notice.

PROTOCOL COMPLIANCE

Fasted (only drank water and did not eat) before the first test: \Box

Informed staff patient would do two tests: \Box

Informed staff **first test is fasting and second test is post prandial:** Length of fast (hours):

Did not urinate between the first and second test: \Box

Fully dissolved and consumed protein powder in $\operatorname{\mathbf{cold}}$ water: \Box

Time protein powder was finished:

Finished protein powder within 10 minutes: \Box

Received second blood draw one hour after finishing protein powder: \Box

Time of second blood draw:

Confirmed staff marked first test as fasting and second as post prandial: \Box

Patient Signature:

Date: