

Blood	Type	*	

Instructions for One Hour Glucose Test For Diabetic Screening in Pregnancy

What is the test?

OB patients are screened for their risk of developing gestational diabetes between 26-28 weeks. This is a form of diabetes that sometimes occurs in pregnancy and usually resolves after pregnancy. Gestational Diabetes can result in pregnancy complications, so it is an important part of routine prenatal care. The test involves you getting a glucola drink to take home with you.

How to take the test?

- 1. On the morning of the test, eat a high protein breakfast. Wait 2 hours before drinking the glucola drink (except for water).
- 2. Drink the entire contents of the bottle within 5 minutes
- 3. Note the time you finish the contents of the bottle and advise the receptionist when you check in.
- 4. Exactly one hour after you finish the contents of the bottle, our Lab will draw your blood, so please get into the lab 15 minutes early to ensure this is done on time.
- 5. Be sure not to eat, drink, smoke, or exercise between the time you drink the glucose and the time we draw your blood.

*If your blood type is RH Negative, to avoid having two blood draws near each other, you can do your glucose test at the same time you do your antibody screen test (which includes your Rhogam injection). We do not do Rhogam testing and injections at our office - you must have them done at your delivering hospital. The lab slip is on the back of this form for your test (make sure your provider fills it out).

Instructions for the 3-Hour Glucose Test

What is the test?

If your one hour glucose test result is greater than 135, you will need to have a 3 hour glucose test performed in order to determine a diagnosis of Gestational Diabetes. This test involves 4 blood draws over a 3 hour period of time.

How to take the test?

You must be fasting (no food or drink other than water) for between 8-14 hours before you report to the lab. Your blood will be drawn and a glucola drink will then be given to you. You must remain in the lab for the remaining hourly blood draws and we ask that you not bring children as it will be important for you to remain calm for the test to be effective.

Where do I go for the test?

All patients should go to the lab in our building for their test. Please be at the lab between 8:15 and 9:30 a.m. in order to allow for adequate time for testing to be done.

What if the test results are abnormal?

There will be a total of 4 glucose results from this test. An elevated level of 2 or more of these will result in the diagnosis of Gestational Diabetes. You will be referred to a diabetic counselor to discuss how to best control your blood sugars during pregnancy for a healthy outcome. Your provider will also discuss these results with you in more detail.



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Patient	MRN#	DOB	DATE		
Blood			Cultures		
☐ Glucose 1 hour ☐ Glucose 2 hour	□ HCT	☐ Other	OTHER (TO HOSPITAL)		
Glucose 3 hour		□ <u>Other</u>	□ ANTIBODY SCREEN		
		☐ Other	RHOGAM INJ. IFINDICATED		
		☐ Other			
		☐ Other			
		□ <u>Other</u>	AFH lab fax 855-4440 TRH lab fax 714-6055		
Amenorrhea Panel: TSH, LH, FSH, Prolactin FSH Arthritis Panel: ANA, Rheumatoid Factor, Uric Acid, CPR, ESR Basic Metabolic Panel 8: CO2, Glucose, Cl, Creatinine, CLU, K+, NA, BUN, Calcium Complete Metabolic Panel 14: ALB, Bili Total, Ca, Cl, Creatinine, GLU, Alk Phosphate, K+, Protein Total, Na, ALT, AST, BUN, CO2 Initial Fasting Hormone Panel: CBC w/Diff, Basic Met. Panel w/Lipid Panel, Estradiol 2, Progesterone, DHEA Sulfate, Free & Total Testosterone, Free T3, Free T4, TSH Thyroid Panel: TSH, Total Free T-3, Free T-4, ATGA, TPO Electrolytes Panel: CO2, Cl K+, Na Liver Function Panel 7: Alb, Bili Total & Direct Alk/Phos, AST, Alt, Protein		PIH Panel-Serum: CBC, AST, LDH, BUN, Uric Acid, Creatinine PIH Panel-Serum/Urine: CBC, AST, ALT, LDH, Uric Acid, BUN, Creatinine, 24 hr. Urine & Creatinine, Protein-Total, 24 hr. Urine STD Panel: Hep B, Hep C, RPR, HIV Thrombophilia Panel: Basic: Factor V Leiden, Lupus Anticoagulant, Anticardiolipin AB, Anti-thrombis III, Antiphospholipid, Protein S & Protein C Comprehensive adds the following: Prothombin gene, MTHFT, Fasting Homocystein, Antiphosphatidylserine, Antibody Hepatitis Panel: Hep A Antibody IGG/ IGM, Hep B Surface Antigen, Hep B Core Antibody IGG/ IGM, Hep C Virus Antibody VonWillebrands Panel: Factor VIII, Factor Activity, Factory Antigen			
SYMPTOMS OR DIAGNOSES					
□ Abnormal Blood Chem 790.6 □ Abdominal Pain 789.00 □ Abnormal Pap 795.00 □ Alpopecia 704.00 □ Amenorrhea 626.0 □ Anemia 280.9 □ Anovulation 628.0 □ Cervical Screen-MCR V76.2 □ Diarrhea 787.91 □ Diabetes Met. 250.00 □ Drug Therapy V72.85 □ DUB 626.8 □ Dysplasia 622.10 □ Dysuria 788.1	□ Fatigue 780.79 □ Fetal Lung Maturity 770.4 □ Fever 780.6 □ Fifth's Exposure 057.0 □ Goiter 240.0 □ Hirsutism 704.1 □ Hypercholesterolemia 272.0 □ Hypothyroidism 244.9 □ Infertility 628.9 □ Insufficient cells 795.08 □ Male ABO/RH V82.9 □ OB V28.89 □ OB (Medicaid) V22.1	□ PAP & Physical V72.31 □ PCOD 256.4 □ Pelvic Pain 625.9 □ Post-Menop.Bleed. 627.1 □ Post-Partum V24.2 □ Pre-eclampsia 642.40 □ Pre-term labor 644.00 □ RX therapy-high risk V58.69 □ STD Exposure V01.6 □ Suspicious Mole 238.2 □ Threatened AB 640.83 □ Unconfirmd Pregnancy V72.40 □ UTI 599.0	□ Vaginal Discharge 623.5 □ Vaginitis 616.10 □ Vulvitis 616.10 □ Vulvovaginitis 616.10 □ Weight Loss 783.21 □ Weight Gain 783.1 □ Other □		
REQUESTING PROVIDER					
☐ Matthew Clark, MD☐ Douglas Allen, DO☐ David Young, DO☐		☐ Diana Lee, CNM☐ Ekaete Udodong, FNP☐ Rebecca Morris, CNM, WHNP			