



24 HOUR URINARY VMA & METANEPHRINE LEVELS

REQUEST FORM

DEPARTMENT OF PHARMACOLOGY MEDICAL RESEARCH INSTITUTE

Contact number: 0112693532, 0112693533, 011263534 Ext; 467



PATIENT PARTICULARS		
Name :	Gender: M / F	Age :
Hospital:	Ward/Clinic/ICU :	
BHT :	Weight (kg) :	Contact number:

Requesting Test: 24 hour urinary VMA 24 hour urinary Metanephrine

CLINICAL SUMMARY & DIAGNOSIS

Symptoms/ signs of the patient (Please tick the relevant cages)

Anxiety / Panic attacks Palpitations Any other symptoms/signs (please specify):

Headache Tremors

Nausea / vomiting Sweating

- Latest Blood pressure reading:
- If ambulatory blood pressure monitoring done; result of the test:
- Evidence of supra renal mass/Incidentaloma/other related mass following radiological investigations;
- Evidence of hypertensive emergency /past history of pregnancy induced hypertension.....
- Evidence of Pregnancy induced hypertension and the trimester of diagnosis
- Family History of pheochromocytoma and related syndrome: Yes No
- Past history of pheochromocytoma or paraganglioma Yes No
- If "yes" whether surgery done? When was it done?

CONCURRENT MEDICATIONS					
Please tick the medications patient is on			Antihypertensive drugs patient is currently on		
			Antihypertensive drug	Dose	frequency
TCA		Calcium channel blockers			
MAO		Levodopa			
SSRI		Alpha Methyl dopa			
Theophylline		Beta blockers			
Other					

Previous test results (if available): 24 hr urinary VMA 24 hr urinary Metanephrine

REQUESTED BY: Doctor's Signature: Date: Consultant Name & Stamp :	RECEIVED BY: Received Date and Time: Remarks:
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