

Steroid Laboratory (room E0.608)  
 Children`s Hospital Gießen  
 Prof. Dr. S. A. Wudy  
 Feulgenstrasse 12  
 D-35392 Gießen  
 Germany

***Filled out by lab!***

Lab.-Nr.:	Probeneingang:

**Request for GC-MS urinary steroid metabolomics analysis**  
**(qual. and quan. gaschrom.-mass spectrom. steroid profiling)**

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Karyotype: \_\_\_\_\_

Cost bearer: \_\_\_\_\_  
 Address for invoice: \_\_\_\_\_

**Clinical indications:**

- CAH confirmation .....
- Therapy control .....   
 (CAH, adrenal insufficiency prim., sec.)
- DD: rare enzyme deficiencies ....
- Steroid prod. tumors .....   
 (diagnosis, monitoring)
- Genital malformation .....
- Syndromal malformation .....
- Salt losing syndrome .....
- Disorder of puberty .....
- Hirsutism, Virilisation .....
- Art. Hypertension .....
- Hypoglycemia .....
- Obesity .....

Diagnosis: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Therapy/Medication: \_\_\_\_\_

Weight (kg): \_\_\_\_\_

Height (cm): \_\_\_\_\_

Blood pressure: \_\_\_\_\_ / \_\_\_\_\_ mm Hg

Tanner stage: P \_\_\_ B \_\_\_ G \_\_\_

Testis volume: r \_\_\_\_\_ l \_\_\_\_\_ (ml)

Bone age: \_\_\_\_\_

Mens. Cycle Phase: \_\_\_\_\_

genet. Mutation: \_\_\_\_\_

Syndromal Stigmata: \_\_\_\_\_

Important lab results

Genital status: please use supplemental form

**Sample date:** \_\_\_\_\_ Creatinine in urine: \_\_\_\_\_ mg/dl or \_\_\_\_\_ mg/day

Spot urine (6 - 10 ml), detection of an enzyme defect in steroid biosynthesis.

for confirmatory test within CAH screening please indicate the gestational age: \_\_\_\_\_

24 hour urinary sample (6-10 ml), volume: \_\_\_\_\_ ml, different sampling period: \_\_\_\_\_ h

<p>Sender (stamp)          physician, clinic, ward/outpatient clinic, address,          phone</p>
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Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**Genital appearance**


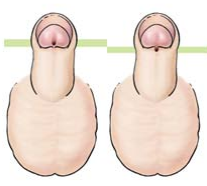
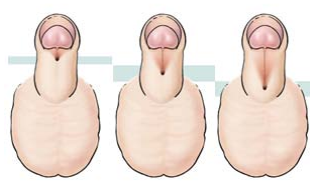
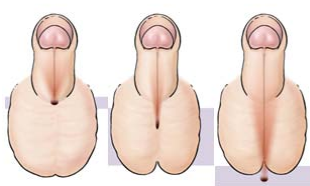
**Patient: 46,XY DSD**

Scrotal fusion: Yes  No

Phallus length: Date: \_\_\_\_\_ stretched Penile length: \_\_\_\_\_ mm

Gonads:	labioscrotal	inguinal	abdominal	absent
left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hypospadias:

None  <input type="checkbox"/>	Distal  glandular <input type="checkbox"/> coronal <input type="checkbox"/>	Mid  penile shaft <input type="checkbox"/>	Proximal  Penoscrotal <input type="checkbox"/> scrotal <input type="checkbox"/> perineal <input type="checkbox"/>	Unknown	N/A
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Internal organs	Mullerian structures <input type="checkbox"/>	Wolffian structures <input type="checkbox"/>	both <input type="checkbox"/>	unknown <input type="checkbox"/>
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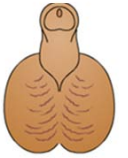






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right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prader Genital Stage:

Stage	Normal	I	II	III	IV	V
External Genitalia						
Internal Genitalia						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Internal organs	Mullerian structures <input type="checkbox"/>	Wolffian structures <input type="checkbox"/>	both <input type="checkbox"/>	unknown <input type="checkbox"/>
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