



Dexamethasone Suppression Test

Please Deliver to: _____

Collection Staff/Patient Instructions

Please pass on to the patient the envelope attached containing the test tablets for this test.

You must instruct the patient that the tablets are to be taken at 11pm the **NIGHT BEFORE** the blood test and that a blood test **MUST** be collected the **following morning** between **8 and 9 am**.

When the patient presents on the following morning, please take the following sample:

1 x SST (for Cortisol assay)

Prior to collection, note down what time the patient took the tablets.

If you have any questions, please contact the laboratory on 9476 5257 and speak to the Duty Manager.