EXECUTION OF LOADING CURVE WITH GLUCOSE MOD.39.193.DDC01.20801/PRO.02

Ed 1 Rev 01 15 Luglio 2024

GLUCOSE LOADING CURVE

Recommendations for performing the glucose load curve in suspected gestational diabetes

- 1. The test must be carried out in the morning fasting for at least 8 hours and no more than 14);
- 2. it is preferable that in the three days before the exam, the diet is not restricted and contains at least 150 g of carbohydrates per day;
- 3. maintain your usual physical activity;
- 4. taking other medications must be postponed until the last blood sample has been taken:
- 5. in the presence of intercurrent illnesses (flu, feverish states, etc.) and in the course of acute pathologies, in the period of convalescence after surgery and in the case of temporary use of drugs that could interfere with glucose tolerance, it is recommended to postpone the test.

METHODS OF EXECUTION OF THE WITHDRAWAL:

- 1. Compilation of the informed consent;
- 2. evaluation of basal glycemia on a first blood sample (time 0);
- 3. in case of blood sugar <125 mg/dl, the glucose solution is administered (75 g of glucose dissolved in 300 cc of water);
- 4. the time of ingestion of the intended dose of the solution must not exceed 5 minutes:
- 5. while the test is being performed, fasting must be maintained, sugary drinks must not be consumed, rest must be respected, avoiding physical exercise or emotional stimuli that could interfere with the test, and no smoking;
- 6. carrying out the second and third sampling 1h and 2h respectively after taking the glucose solution.

INFORMED CONSENT

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| The undersigned: |
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| Parent/legal representative of the patient |
| Born inon// |
| I declare that I have been directed to the Analysis Laboratory to carry out some investigations: |
| □ useful to better understand the nature of some disorders accused and attributed in the first hypothesis to a suspicion of carbohydrate intolerance/diabetic disease □ useful for studying the evolution of the disease from which I have been suffering for some time □ useful for pregnancy control |
| Taking medications, reported allergies: |
| I declare that during the interview with the doctor/nurse |
| |
| I received: |
| Detailed, clear and exhaustive information about the nature of the diagnostic test to which I must undergo. During the interview in question, the methods of carrying out the investigation were explained to me, which consists of the administration/intake of glucose, which will be followed by blood sampling for the purposes of the subsequent analysis. I was also informed that this diagnostic test/procedure may be associated with some side effects such as: nausea/vomiting, allergic reactions and exceptionally bronchospasm caused by allergy to para-hydroxybenzoates. |
| I had the time and opportunity to ask all the questions I deemed appropriate in this regard and I received comprehensive answers that I fully understood and satisfied me. |
| Signature of healthcare personnel |
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| Signature of the patient/legal representative of the patient |
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