

Dear Sir/Madam,

místo pro nalepení štítku

Your attending physician has prescribed an OGTT examination – a functional load test (Oral Glucose Tolerance Test) – in order to assess your health condition and verify glucose metabolism. We therefore kindly ask for your cooperation and adherence to the instructions below. The test is performed by appointment at the collection room of EUC Laboratoře s.r.o. (<https://www.euclaboratore.cz/odberova-mista/>). The results of the examination will be delivered to your physician on the following working day.

### **Purpose and Nature of the Examination**

The examination monitors the body's response to the oral administration of glucose. It can reveal the presence of *diabetes mellitus*. The test is also used as a routine screening examination for all pregnant women at the transition between the second and third trimester, i.e. between the 24th and 28th week of pregnancy. The examination is based on blood samples taken before and after ingestion of a glucose load in the form of a diagnostic drink.

### **Benefits of the Examination**

Early diagnosis of a serious condition helps prevent complications of undiagnosed diabetes mellitus, such as damage to the kidneys, heart, blood vessels, nerves, and retina, as well as other complications associated with states of unconsciousness caused by high or low blood sugar levels.

In pregnant women, early detection and appropriate treatment help prevent serious complications of undiagnosed diabetes and its negative impact on the course of pregnancy and the child.

### **Risks and Possible Complications**

In some cases, the administered drink may cause discomfort. In the event of nausea, vomiting, fainting, or weakness, immediately inform the medical staff.

If vomiting occurs after ingestion of the concentrated glucose solution, this is a reason to terminate the test.

### **Alternatives (Other Options)**

At present, there is no reliable alternative test that would exclude the presence of gestational diabetes.

Some women suffer from severe nausea during pregnancy and may vomit after drinking the concentrated glucose solution. In such cases, the test is not repeated and a **test with breakfast** is performed instead. **The results are not comparable to OGTT and there is a risk that milder or early forms of gestational diabetes may not be detected.** However, performing at least this test is preferable to performing none. Suitability for this alternative procedure is determined by the referring physician (by indication on the request form).

### **Preparation for the Examination**

- For 3 days prior to the examination, do not restrict your usual carbohydrate intake and maintain your usual level of physical activity; do not consume alcohol.
- In consultation with your attending physician, omit morning medications on the day of the test if they can be safely omitted.
- The test is performed in the morning (06:45 – 7:00 a.m.). Before the test, fasting for 8–10 hours (maximum 14 hours) is required; only water or unsweetened tea is allowed. Smoking is prohibited.

### **Procedure**

- Arrive at the collection room fasting at the agreed time with the request form, a sample of the first morning urine (if requested by your physician), and allow approximately 3 hours for the test.
- The first blood sample will be taken from a vein. If the blood glucose level is within the normal range, the glucose solution may be administered. In other cases, the medical staff will inform you of the next steps. If the OGTT continues, you will drink the administered beverage – 250 ml of glucose solution –

within 5–10 minutes.

- After drinking the solution, you must remain at rest (do not walk), do not smoke, eat, or take medications. Do not leave the waiting area of the collection site.
- The next blood sample is taken 1 hour after drinking the solution (pregnant women only), and subsequently 2 hours after drinking the solution. The test is then completed. However, it is necessary to remain in the waiting room for an additional 30 minutes due to the possible risk of collapse caused by a drop in blood glucose levels.
- It is advisable to bring a snack to eat after completion of the test.

#### **Limitations of the Procedure and Post-Examination Behavior**

- If you have undergone bariatric surgery (surgical reduction of the stomach), it is preferable to choose an alternative examination procedure in consultation with your physician, for preventive reasons and to avoid possible complications.
- The test is not recommended during an acute illness, within 6 weeks after a major surgical procedure, in the presence of gastrointestinal disease, or in women during menstruation.
- Do not drive a motor vehicle for 1 hour after completion of the test.

#### **Statement of the Healthcare Professional**

I declare that I have informed the above-mentioned patient in a comprehensible manner about the planned procedure, including notification of possible risks and complications.

In \_\_\_\_\_ o \_\_\_\_\_

\_\_\_\_\_  
*Name and signature of healthcare professional  
(responsible for providing the information)*

#### **Patient Consent**

I, the undersigned, declare that I have been clearly informed of all the above facts, the planned examination, and the therapeutic procedure, including notification of possible complications. The information and instructions were provided and explained to me; I understood them and had the opportunity to ask additional questions, which were answered. Based on the information provided and after my own consideration, I consent to the performance of the examination and therapeutic procedure (see above).

At the same time, I confirm that I have provided truthful information about my health condition and have not withheld any information that could influence the course of the examination.

I declare that my knowledge of the Czech language is sufficient to fully understand the information provided.

In \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
*Signature of patient / legal representative\**

#### **Identification of the Legal Representative (\* If the consent is signed by a legal representative)**

<b>Full name:</b>			
<b>Date of birth:</b>		<b>Relationship to the patient:</b>	