

Glucose Tolerance Testing at Bronson Laboratory

Test Name	Test Code	Lab Code	Fasting Required?	Pre-dose	1 Hour Post-dose	2 Hour Post-dose	3 Hour Post-dose
1 hour Glucose Gestational	GTGS	LAB879	NO		X		
2 Hour Glucose* Non-Pregnant	OGT	LAB824	YES	X		X	
2 Hour Glucose* Gestational	GTGO	LAB2621	YES	X	X	X	
2 Hour Glucose* ~Post Prandial	GLU2	LAB2178	YES			X	
3 Hour Glucose* Gestational	GTGD	LAB2620	YES	X	X	X	X

*Call Bronson Central Scheduling at 269-341-8700 to schedule due to limited availability of locations able to provide testing.

~2 Hour Post Prandial Glucose measures glucose level 2 hours post-meal consumption.

Container Type: Optimal: Mint
 Acceptable: SST or Red

Optimal Collection 4.5 mL; Full Tube
 Volume:

Minimum Volume: 1mL Whole Blood