Lactose Tolerance Tests - Patient Preparation Instructions

Your physician has ordered a lactose tolerance test for you. This test is used to determine if you have a lactase deficiency. Lactase deficiency results in poor digestion of lactose, a sugar found in milk and milk products. When you arrive at the Patient Service Center, your phlebotomist will guide you through the process. You will be asked to drink as quickly as possible a beverage containing lactose. Blood will be drawn several times during the testing process:

- Before you drink the beverage.
- Five additional blood draws occurring at defined intervals.

For the most accurate test results, please follow the instructions provided below. If you have any questions or concerns pertaining to the purpose or preparation of this test, please speak with your physician.

**Patient Preparation:**

- Please call a Legacy Laboratory Patient Service Center to schedule an appointment. Available locations and their contact numbers are provided below.

- Eat a carbohydrate-loaded diet for three consecutive days prior to the test. A sample menu might include:

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cereal</td>
<td>Turkey Sandwich</td>
<td>Meat</td>
</tr>
<tr>
<td>Milk</td>
<td>Apple</td>
<td>Vegetable</td>
</tr>
<tr>
<td>Banana</td>
<td>Beverage</td>
<td>Potato, Rice, or Pasta</td>
</tr>
<tr>
<td>Bread or Toast</td>
<td>Dessert</td>
<td>Bread or Roll</td>
</tr>
</tbody>
</table>

- **NO FOOD OR DRINK EXCEPT WATER FOR A MINIMUM OF 8 HOURS BEFORE THE TEST.** Please do not fast for longer than 24 hours. Eating and drinking (except for water) is not allowed during the test as well.

- Required medications can be taken with water. Please ask your physician if you are taking any medications that affect glucose metabolism.

- Bring reading material or a quite activity to do in the waiting area during the test.

- If children are accompanying you, please bring quite activities for them. Childcare is not available.

- If an infant is accompanying and requires breastfeeding, please bring a bottle for feeding during the testing period.

**Frequently Asked Questions (FAQs):**

1. **My physician says I need to fast for eight hours. What does that mean?** Fasting means to not eat or drink anything except water for a minimum of eight hours before testing begins. This includes, but not limited to, hard candies, gum, crackers, sugar-free substitutes (i.e., Equal© or Splenda©) and any liquids other than water.

2. **Can I have black coffee or tea?** No, you may sip one 8 oz. glass of water per hour during the fasting or testing period.
3. **How long will the test take and how many specimens are drawn?** The test takes 2 hours and 6 tubes of blood are drawn.

4. **What happens if my fasting glucose result is greater than or equal to 126 mg/dL?** For your safety, testing will be stopped and the physician will be contacted. Testing may be rescheduled for another time.

5. **Can I leave the waiting area during the testing period?** No, plan to be in the waiting area during the testing period except for bathroom breaks. This is for your own safety. In addition, walking or exercise can affect the test results. Also, it is important for you to have your blood drawn within the scheduled time(s). The phlebotomist will inform you when you need to have your blood drawn.

6. **What happens if my blood is not drawn during the appropriate time window?** If blood is drawn outside the acceptable window, then the test will have to be cancelled and rescheduled. Changes to the time of draw make interpreting the test difficult.

7. **May I smoke during the testing period?** No, smoking is not permitted during the testing period.

8. **Why can’t I breastfeed or pump during the testing period?** Breastfeeding or pumping during the testing period may change the results of your test.

9. **What should I do if I get sick or vomit during the test?** Please notify the phlebotomist right away. For your safety, the test may need to be rescheduled.

**My appointment is scheduled for:**

Date: _____________________  Time: ___________________  Location: ___________________

**Legacy Laboratory Services Website:**

[http://www.legacyhealth.org/labservices](http://www.legacyhealth.org/labservices)

**Legacy Locations Performing Lactose Tolerance Testing**

<table>
<thead>
<tr>
<th>FACILITY</th>
<th>LOCATION</th>
<th>CITY, STATE</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salmon Creek</td>
<td>Medical Office Building</td>
<td>Vancouver, WA</td>
<td>(360) 487-1654</td>
</tr>
<tr>
<td>Fisher’s Landing</td>
<td>Patient Service Center</td>
<td>Vancouver, WA</td>
<td>(360) 566-4870</td>
</tr>
<tr>
<td>Emanuel</td>
<td>Medical Office Building</td>
<td>Portland, OR</td>
<td>(503) 413-3350</td>
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**NOTE:** This service is not available on holidays. Hours of business can be found on our website, and are subject to change. Please make reservations at least two weeks in advance.