BIOTECH
CLINICAL LABORATORIES

Glucose Tolerance Testing

Date: ______________________________

Patient Name: ________________________

DOB: ______________________________ Age: _______________

Gender: Female_____ Male_____

Doctor: _____________________________

Pregnant: Yes_____ No_____

Fasting: Yes_____ No_____

Phlebotomist's Initials: ___________________

	Draw Time	Phleb. Initials	Tech Initial
Fasting			
1 Hour			
2 Hour			
3 Hour			

Amount of glucola given: ______________________________________

Time glucola finished: ____