

Polycose Test

This form must be completed by the Phlebotomist

Surname		Given Names		Title	DOB / /
Sex	Address		Phone no.	NHI	

Section 1 - must be completed before starting the Glucose Challenge

1. Has the patient ever been diagnosed with diabetes?	Yes / No
2. Is the patient taking Metformin or Insulin?	Yes / No
<i>If 'yes' Has the patient taken Metformin or Insulin in the last 7 days?</i>	Yes / No
<i>If 'Yes' Do Not Continue – refer to Glucose Challenge on how to proceed.</i>	
3. Has the patient fasted?	Yes / No
4. Is the patient pregnant? <i>If 'Yes', add "pregnant" to the referral form</i>	Yes / No
5. How many weeks gestation is the patient?	_____
6. Is the patient aware they must stay in the Collection Centre for 1 hour during the test?	Yes / No
Phlebotomist: _____	Date: _____

Section 2

Date: _____	
<u>Glucose drink:</u>	
Dose: _____	Expiry date: _____
	Checked by: _____
Time: _____	Supervised by: _____
<u>1 hour blood sample:</u>	
Time: _____	Collected by: _____

Comments

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*notify Operations Support of any comments recorded