

## GLUCOSE TOLERANCE TESTING LOG SHEET

PF08134

DATE: \_\_\_\_\_ PT AGE: \_\_\_\_\_ WGT: \_\_\_\_\_ LBS

PATIENT NAME: \_\_\_\_\_

TESTING LOCATION: \_\_\_\_\_

CHS MR#: \_\_\_\_\_ GTT LENGTH: \_\_\_\_\_ HRS

HAS DIET BEEN FOLLOWED? ☐ YES ☐ NO      IS PT FASTING NOW? ☐ YES ☐ NO

IS PATIENT PREGNANT? ☐ YES ☐ NO

AMT OF TOLERANCE BEVERAGE GIVEN \_\_\_\_\_ GMS.

	TIME COLLECTED	PHLEBOTOMIST'S INITIALS
FASTING SPECIMEN DRAWN:		
TIME TOLERANCE BEVERAGE GIVEN:		
ONE HOUR SPECIMEN		
TWO HOUR SPECIMEN		
THREE HOUR SPECIMEN		
FOUR HOUR SPECIMEN		
FIVE HOUR SPECIMEN		