|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Were laboratory blood tests performed?** | | | | | | Yes | | |  | |
|  | | | | | | No | | |  | |
| **What was name of the laboratory used?** | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Lab specimen collection date:** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y | Y | Y | | | | | | | **Lab collection time:** | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | H | H | : | M | M | | |
| **Accession number:** | | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | | | | |  | | |
| **Test name** | | **Sent to central labs?** | | | **If no, please provide reason** | | | | | |
| Yes | | No |
| **WBC count** | |  | | |  | | | | | |
| **RBC count** | |  | | |  | | | | | |
| **Haemoglobin** | |  | | |  | | | | | |
| <Insert Test Name> | |  | | |  | | | | | |