

GLUCOSE TOLERANCE TEST (OGTT) PROCEDURE SLIP

| | | | | |
|--|--------------------|--|--------------------------|--------------------------------|
| UMRN: _____ | | Lab No: _____ | | |
| Name: _____ | | Date: _____ | | |
| DOB: _____ | | Pregnant? | Yes No | |
| Gender: Male | Female | Unknown | Gestation (weeks): _____ | |
| Fasting? Yes | No | *Child < 15yrs | Weight _____ kg | |
| Diabetic? Yes | No | Note: If patient is currently a known diabetic, the glucose tolerance test should not proceed, and the requesting doctor should be contacted for advice regarding the patient | | |
| Medications? _____ | | | | |
| Consent: | | | | |
| <p><i>The test requested by your doctor requires you to consume a glucose drink which contains food additives approved for use in Australia. These additives are also used in many sweet food items such as muesli bars or fruit juices. Allergic reactions to these additives are very rare however if you think you may be allergic to any of the following you should inform the collection staff:</i></p> <p><i>202, (Sorbate); 211(Benzoate); 330(Citric acid); Sulphites</i></p> <p><i>I have read and understood the statement above and consent to undergo a Glucose Tolerance Test.</i></p> | | | | |
| Patient Signature: _____ | | Date: _____ | | |
| Phlebotomist signature: _____ | | Date: _____ | | |
| *For Child - adjust dose if less than 43 kg as per SOP 263 | | | | |
| Glucose dose: _____ | | Batch no: _____ | Expiry date: _____ | |
| | Time of Collection | Glucose Sample | | Other samples collected (List) |
| | | Sign | Result | |
| Fasting | | | | |
| Drink Finished | | | | |
| 1 Hour | | | | |
| 2 Hour | | | | |
| Extended GTTs Only (Duty Biochemist Approval Required) | | | | |
| 3 Hour | | | | |

Phlebotomy comments:

Please circle the appropriate response:

The Duty Biochemist was: contacted / not contacted at (time) _____

The test was: completed / discontinued

