Laboratory tests	**LAB 1**
Study code **56DX** - [_0_|_0_|_3_] - [___|___|___]	Initials [__|__|__|__|__|__]

BLOOD GLUCOSE RESULTS (point-of-care tests-study)						
STUDY DAY	**1**	**2**	**3**	**4**	**5**	**6**
Date (dd/mm/yy)	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]
Time (hh:mm)	[___|___]:[___|___]	[___|___]:[___|___]	[___|___]:[___|___]	[___|___]:[___|___]	[___|___]:[___|___]	[___|___]:[___|___]
Glucose (mg/dL)	[___|___|___]	[___|___|___]	[___|___|___]	[___|___|___]	[___|___|___]	[___|___|___]
Date (dd/mm/yy)	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]
Time (hh:mm)	[___|___]:[___|___]	[___|___]:[___|___]	[___|___]:[___|___]	[___|___]:[___|___]	[___|___]:[___|___]	[___|___]:[___|___]
Glucose (mg/dL)	[___|___|___]	[___|___|___]	[___|___|___]	[___|___|___]	[___|___|___]	[___|___|___]
Signature:	_____ [___|___|___|___]	_____ [___|___|___|___]	_____ [___|___|___|___]	_____ [___|___|___|___]	_____ [___|___|___|___]	_____ [___|___|___|___]
BLOOD LACTATE RESULTS (point-of-care tests-study)						
Date (dd/mm/yy)	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]
Time (hh:mm)	[___|___]:[___|___]	[___|___]:[___|___]	[___|___]:[___|___]	[___|___]:[___|___]	[___|___]:[___|___]	[___|___]:[___|___]
Lactate (mmol/L)	[___|___|___]	[___|___].[___]	[___|___].[___]	[___|___].[___]	[___|___].[___]	[___|___].[___]
Date (dd/mm/yy)	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]
Time (hh:mm)	[___|___]:[___|___]	[___|___]:[___|___]	[___|___]:[___|___]	[___|___]:[___|___]	[___|___]:[___|___]	[___|___]:[___|___]
Lactate (mmol/L)	[___|___|___]	[___|___].[___]	[___|___].[___]	[___|___].[___]	[___|___].[___]	[___|___].[___]
Signature:	_____ [___|___|___|___]	_____ [___|___|___|___]	_____ [___|___|___|___]	_____ [___|___|___|___]	_____ [___|___|___|___]	_____ [___|___|___|___]

Additional laboratory tests	**LAB 2**
Study code **56DX** - [_0_|_0_|_3_] - [___|___|___]	Initials [__|__|__|__|__|__]

LABORATORY RESULTS (Please complete one column for any additional hospital lab test done)					
Date (dd/mm/yy)	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]
Time (hh:mm)	[___|___]:[___|___]	[___|___]:[___|___]	[___|___]:[___|___]	[___|___]:[___|___]	[___|___]:[___|___]
Platelet count (K/uL)	[___|___|___]	[___|___|___]	[___|___|___]	[___|___|___]	[___|___|___]
Total WBC (K/uL)	[___|___].[___]	[___|___].[___]	[___|___].[___]	[___|___].[___]	[___|___].[___]
Neutrophils (%)	[___|___].[___]	[___|___].[___]	[___|___].[___]	[___|___].[___]	[___|___].[___]
Lymphocytes (%)	[___|___].[___]	[___|___].[___]	[___|___].[___]	[___|___].[___]	[___|___].[___]
Monocytes (%)	[___|___].[___]	[___|___].[___]	[___|___].[___]	[___|___].[___]	[___|___].[___]
Haemoglobin (g/dL)	[___|___].[___]	[___|___].[___]	[___|___].[___]	[___|___].[___]	[___|___].[___]
Lab Hct (%)	[___|___].[___]	[___|___].[___]	[___|___].[___]	[___|___].[___]	[___|___].[___]
Glucose, unit	[___|___|___].[___] _____	[___|___|___].[___] _____	[___|___|___].[___] _____	[___|___|___].[___] _____	[___|___|___].[___] _____
Lactate, unit	[___|___|___] _____	[___|___|___] _____	[___|___|___] _____	[___|___|___] _____	[___|___|___] _____
Signature:	_____ [__|__|__|__]	_____ [__|__|__|__]	_____ [__|__|__|__]	_____ [__|__|__|__]	_____ [__|__|__|__]
WARD HAEMATOCRIT RESULTS (Please complete one column for any HCT performed on the ward)					
Date (dd/mm/yy)	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]	[___|___]/[___|___]/[___|___]
No. of measurements	[___|___]	[___|___]	[___|___]	[___|___]	[___|___]
Highest ward Hct (%)	[___|___].[___]	[___|___].[___]	[___|___].[___]	[___|___].[___]	[___|___].[___]
Lowest ward Hct (%)	[___|___].[___]	[___|___].[___]	[___|___].[___]	[___|___].[___]	[___|___].[___]
Signature:	_____ [__|__|__|__]	_____ [__|__|__|__]	_____ [__|__|__|__]	_____ [__|__|__|__]	_____ [__|__|__|__]