

Glucose Challenge Polycose Test



Refer to: Glucose Challenge [NPL-PPM-022](#) before commencing 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 diabetes drugs or Insulin? Yes / No
If 'Yes', continue to question 3
If 'No' skip to question 4
3. Is the patient taking Metformin ONLY? Yes / No
If 'Yes' continue to question 4
*If 'No' – **DO NOT PROCEED***
Refer to [NPL-PPM-022](#) Glucose Challenge on how to proceed
4. Is the patient pregnant? Yes / No
If 'Yes' indicate "Pregnant" to the referral form
*If 'No' **DO NOT PROCEED***
Refer to [NPL-PPM-022](#) Glucose Challenge on how to proceed
5. How many weeks gestation is the patient? _____
6. Has the patient fasted? Yes / No
7. Is the patient aware that the test will be discontinued if they vomit during the test? Yes / No
8. Is the patient aware they must stay in the Collection Centre for 1 hour during the test? Yes / No
9. Does the patient have any food allergies? Yes / No
If 'Yes' refer to further information in [NPL-PPM-022](#)

Phlebotomist: _____

Date: _____

Section 2

Date:

Glucose drink

Dose: _____

Time: _____

Expiry date: _____

Checked by: _____

Supervised by: _____

1 Hour blood sample

Time: _____

Collected by: _____

Comments