

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: _____

Expiry date: _____

Time: _____

Checked by: _____

1 Hour blood sample

Supervised by: _____

Time: _____

Collected by: _____

Comments
.....