

GLUCOSE TOLERANCE SAMPLE COLLECTION WORKSHEET

St. Joseph Medical Center Tacoma, WA
 St. Francis Hospital Federal Way, WA

St. Clare Hospital Lakewood, WA
 St. Anthony Hospital Gig Harbor, WA

St. Elizabeth Hospital Enumclaw, WA
 PSC

[] **GTT GEST2**

GTT GESTASTIONAL – 2 HR (75 G)

PATIENT NAME (print) or affix label

Fasting
FAST GTTG

1 Hour
1HR GTT G

2 Hour
2HR GTTGN

DATE _____

FAST Time: _____ 1 HR Time: _____ 2HR Time: _____

[] **GTT GEST3**

GTT GESTASTIONAL – 3 HR (100 G)

Fasting
FAST GTTG

1 Hour
1HR GTT G

2 Hour
2HR GTT G

3 Hour
3HR GTT G

FAST Time: _____ 1 HR Time: _____ 2HR Time: _____ 3HR Time: _____

[] **GTT 2 GTT 2 HR – NON PREGNANT (75 G)**

Fasting
FAST GTTN

2 Hour
2HR GTTN

FAST Time: _____ 2HR Time: _____

[] **GTT 3 (75G)**

[] **GTT 4 (75G)**

[] **GTT 5 (75G)**

[] **GTT 6 (75G)**

Fasting
FAST GTT

1 Hour
1HR GTT

2 Hour
2HR GTT

3 Hour
3HR GTT

4 Hour
4HR GTT

FAST Time: _____ 1 HR Time: _____ 2HR Time: _____ 3HR Time: _____ 4HR Time: _____

5 Hour
5HR GTT

6 Hour
6HR GTT

5HR Time: _____ 6HR Time: _____

Form Completed By: _____