

## BLOOD COMPONENT MONITORING RESULT SHEET

Survey Number <input type="text"/>	Instrument: _____ Serial N <sup>o</sup> : _____	Participant Reference Number <input type="text"/>
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Date of receipt (dd/mm/yy)   /

Date of analysis (dd/mm/yy)   /

Specimen Number	<input type="text"/>	<input type="text"/>
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Specimen Quality (please tick)	Satisfactory <input type="radio"/>	Satisfactory <input type="radio"/>
	Unsatisfactory <input type="radio"/>	Unsatisfactory <input type="radio"/>

Hb (g/L)	<input type="text"/>	<input type="text"/>
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HCT (L/L)	<input type="text"/>	<input type="text"/>
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Specimen Number	<input type="text"/>	<input type="text"/>
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Specimen Quality (please tick)	Satisfactory <input type="radio"/>	Satisfactory <input type="radio"/>
	Unsatisfactory <input type="radio"/>	Unsatisfactory <input type="radio"/>

PLT (x 10 <sup>9</sup> /L)	<input type="text"/>	<input type="text"/>
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Comment:

Signature ..... Print Name(Block Capitals)..... Date .....

Return via Email: <a href="mailto:haem@ukneqas.org.uk">haem@ukneqas.org.uk</a> or Fax: +44 (0)1923 397307	
Contact: PO Box 14, Watford, WD18 0FJ, UK / E: <a href="mailto:haem@ukneqas.org.uk">haem@ukneqas.org.uk</a> / T: +44 (0)1923 217878 / Fax: +44 (0)1923 397307	
<b>PRN: 20037C</b>	<b>Closing Date: 23:59 (GMT); 23 February 2016</b>