

BLOOD COMPONENT MONITORING

Survey Number	Instrument: Serial N°:	Participant Reference Number
---------------	---------------------------	------------------------------

Receipt date (dd/mm/yy):	Analysis date (dd/mm/yy):
--------------------------	---------------------------

Specimen Number		
Specimen Quality (please tick)	Satisfactory <input type="checkbox"/>	Satisfactory <input type="checkbox"/>
	Unsatisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
Hb (g/L)	00.	00.
HCT (L/L)	0.000	0.000

Specimen Number		
Specimen Quality (please tick)	Satisfactory <input type="checkbox"/>	Satisfactory <input type="checkbox"/>
	Unsatisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
PLT(x10 ⁹ /L)	000	000

Comment:

Completed by:	Name: Position:	Date:
---------------	--------------------	-------

Return via email: haem@ukneqas.org.uk