

Participant No.

2010 G6PD

SCREEN

PRINCIPLE / METHOD: _____			
DUE DATE	SAMPLE NUMBER		UNITS
□□/□□	GD10-□□a	GD10-□□b	
G6PD	<input type="checkbox"/> Normal <input type="checkbox"/> Equivocal <input type="checkbox"/> Deficient	<input type="checkbox"/> Normal <input type="checkbox"/> Equivocal <input type="checkbox"/> Deficient	

ASSAY

PRINCIPLE / METHOD (Please state kit used, if applicable: _____)				
DUE DATE	SAMPLE NUMBER			
□□/□□	GD10-□□a	GD10-□□b		
G6PD	numerical result □□□.□ <input type="checkbox"/> Normal <input type="checkbox"/> Deficient	numerical result □□□.□ <input type="checkbox"/> Normal <input type="checkbox"/> Deficient		U/g Hb

DATE RECEIVED: □□ □□ □□

DATE RETURNED: □□ □□ □□

