

Participant No.

# 2010 HAEMOSTASIS

INSTRUMENT MODEL: _____		SERIAL NUMBER: _____	
Please record the instrument serial number or part of the serial number for the purpose of instrument identification			
DUE DATE	SAMPLE NUMBER		UNITS
□□/□□	<b>INR10-□□a</b>	<b>INR10-□□b</b>	
INR	□.□	□.□	ratio
	<input type="checkbox"/> Below <input type="checkbox"/> Therapeutic <input type="checkbox"/> Above	<input type="checkbox"/> Below <input type="checkbox"/> Therapeutic <input type="checkbox"/> Above	
Fib	□□.□	□□.□	g/L

	<b>APT10-□□a</b>	<b>APT10-□□b</b>	UNITS
APTT	□□□.□	□□□.□	sec
	<input type="checkbox"/> Normal <input type="checkbox"/> Extended	<input type="checkbox"/> Normal <input type="checkbox"/> Extended	
FVIII	□□□	□□□	%
	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	

DATE RECEIVED: □□ □□ □□      DATE RETURNED: □□ □□ □□