

Patient Information		Specimen Information	Client Information
DOB:	AGE:	Specimen: Requisition: Lab Ref #:	
Gender:		Collected:	
Phone:		Received:	
Patient ID:		Reported:	
Health ID:			

COMMENTS:

Test Name	In Range	Out Of Range	Reference Range	Lab
GLUCOSE TOLERANCE TEST, 4 SPECIMENS				
TIME 1	FASTING			
SPECIMEN 1	98		65-99 mg/dL	
TIME 2	1 HOUR			
SPECIMEN 2	167		mg/dL	
TIME 3	2 HOURS			
SPECIMEN 3	164		mg/dL	
TIME 4	3 HOURS			
SPECIMEN 4	76		mg/dL	
American Diabetes Association Diagnostic Criteria for Diabetes Mellitus Glucose Value (mg/dL)				
Interpretation	Fasting	1 Hr Tolerance	2 Hr Tolerance	
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Normal	<100	Not Established	<140	
Impaired Fasting	100-125			
Impaired Tolerance			140-199	
Diabetes	>OR=126*		>OR=200*	
* Must be confirmed by testing on a subsequent day.				