

BLOOD COMPONENT MONITORING

Survey Number	Instrument: Serial N°:	Participant Reference Number
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Receipt date (dd/mm/yy):		Analysis date (dd/mm/yy):	
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Specimen NumberSpecimen Quality
(please tick)Satisfactory ☐Satisfactory ☐Unsatisfactory ☐Unsatisfactory ☐

Hb (g/L)

HCT (L/L)

Specimen NumberSpecimen Quality
(please tick)Satisfactory ☐Satisfactory ☐Unsatisfactory ☐Unsatisfactory ☐PLT($\times 10^9/L$)

Comment:

Completed by:

Name:

Position:

Date:

Return via email: haem@ukneqas.org.uk