

BLOOD TAKING PROTOCOL

PATIENT NAME _____ DATE OF BIRTH _____

ADDRESS _____

DATE _____ TIME _____ VENUE _____

PEOPLE PRESENT _____

PATIENT DISPOSITION:

1. Calm _____ Consenting _____

2. Anxious _____

WHICH ARM: R _____ L _____ Comments _____

Needle Used _____

Lot No. _____

SIGNED _____

TESTS TAKEN

FBC	THYROID	LFT	U's + E's	B12	FOLATE			

SURGERY NAME _____ GP _____ Reason for Tests _____

AIDS USED:

Emla Cream

Cotton Wool

Plaster

Hot Water Bottle

ATTEMPTS:

1. _____

2. _____

3. _____