GTT CHECKLIST

ID number ___________  IDNO

Today’s Date ___________  DATE

Center ___________

When was the last time you ate ___________  GTT1  AM  PM

Time of collection of fasting samples ___________  GTT2

Time the 75 gram glucose beverage was consumed ___________  GTT3

Time of collection of urine sample ___________  GTT4

Time of 2-hr blood sample ___________  GTT5

The participant did not have GTT because of

1. diabetes, on insulin treatment ___________  GTT6

2. diabetes, on oral agent with two previous fasting glucose > 250 mg/dl ___________  GTT7

3. Accuchek > 225 mg/dl ___________  GTT8

4. renal dialysis ___________  GTT9

5. a kidney transplant ___________  GTT10

6. refusal to have GTT done ___________  GTT11

Comments :