PROTHROMBIN TIME (PT INR)

Patient's name _____ Patient ID _____

Age and sex _____ Referred by _____

Sample **Citrate blood** Collected _____

Received _____ Reported _____

RESULT

Test	Result	Unit	Normal range
Prothrombin time (PT), patient		seconds	*Your lab's range*
PT, control		seconds	
ISI (international sensitivity index) of the reagent			
INR			*Your lab's range*

Notes

END OF REPORT

Technician
Name and signature

Pathologist
Name, degree, registration number and signature

Before you use this format

- [ ] **Add your lab's details**
  In Word, type your lab's name, address and phone over the words at the top, and add your logo. On paper, print on your letterhead.

- [ ] **Fill in your ranges**
  Write the normal ranges your pathologist has checked for your lab's method and reagents, for each age group and sex where they differ.

- [ ] **Check the units**
  Use the units your lab reports in, and keep them the same on every report.

- [ ] **Have your pathologist check it**
  Have your pathologist check the whole format before you use it for any patient.

Format from medikloud.com

Delete this page before you print reports. From the PDF, print page 1 only.