Method Questionnaire

Lab Code………………………………………

## Organisation Name and Address:……………………………………………………………………………………………………………………………………………………………………………………………………

## *Please state analyser manufacturer and model and tick against required analytes.*

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| Section Name | Instrument Manufacturer | Instrument Model | BLOOD GAS | | | | | | | | | | | | | | | | | | | CO-OXIMETRY | | | | | |
| **Gases** | | | | | | | **Electrolytes** | | | | | | **Metabolites** | | **Other** | | | | **Co-oximetry** | | | | | |
| **pH** | | **[H+]** | **pCO2** | **pO2** | **Actual Bicarb.** | **TC02** | **Na+** | **K+** | **Cl-** | **ICa2+** | **Mg2+** | **Li+** | **Glucose** | **Lactate** | **Urea** | **Creatinine** | **Hct (iSTAT only)** | | **THb** | **O2Hb** | **COHb** | **MetHb** | |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |
| **Please tick if separate sample set required for; GAS:** | | | | | | | | | | | | | | | | | |  | **CO-OXIMETRY:** | | | |  | |
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| **Please tick if separate sample set required for; GAS:** | | | | | | | | | | | | | | | | | |  | **CO-OXIMETRY:** | | | |  | |
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| **Please tick if separate sample set required for; GAS:** | | | | | | | | | | | | | | | | | |  | **CO-OXIMETRY:** | | | |  | |
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| **Please tick if separate sample set required for; GAS:** | | | | | | | | | | | | | | | | | |  | **CO-OXIMETRY:** | | | |  | |
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| **Please tick if separate sample set required for; GAS:** | | | | | | | | | | | | | | | | | |  | **CO-OXIMETRY:** | | | |  | |
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| **Please tick if separate sample set required for; GAS:** | | | | | | | | | | | | | | | | | |  | **CO-OXIMETRY:** | | | |  | |

**If you wish to submit results for more than the section spaces available on this page, please copy this form. Blood Gas and Co-oximetry are costed separately, please see enrolment document.**