PVDOMICS

PVDOMICS STUDY
Clinical Center Prothrombin Time Results Form #205

Instructions: This form is used to capture prothrombin time results completed at a clinical center. Report only the test completed on the same day. If additional blood is collected, report those results on a separate Form #205.

Note: Lab draw must be on or after the Form 100 date.

1. Identification Number | 2. Alphacode | 3. Date blood drawn (mm/dd/yyyy)

4. PT Sec (sec) ..... ___ ___. ___

5. PT INR – (International Normalized Ratio)..... ___. ___

200. Date form completed (mm/dd/yyyy) ..... ___ ___/___ ___/___ ___ ___ ___

201. Username of person completing/reviewing completeness of this form.....___ ___ ___ ___ ___ ___ ___

Clinical Center Use Only

Date form entered (mm/dd/yyyy) __ __/__ __/__ __ __ __

Username of person entering this form__ __ __ __ __ __ __