

GLUCOSE TOLERANCE TEST
PATIENT TIME REMINDER

TIME:	SPECIMEN:
_____	30 MINUTES
_____	1 HOUR
_____	2 HOUR
_____	3 HOUR
_____	4 HOUR
_____	5 HOUR
_____	6 HOUR

If the phlebotomist is not present when it is time for your draw, please notify the Registration staff. They will notify the lab immediately.

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