



**Coagulation data, if available:**

- 13. a. INR ..... INR
- b. Date sample drawn (mm/dd/yyyy) .....INR\_DT
- 14. a. Partial thromboplastin time (sec)..... PTT
- b. Date sample drawn (mm/dd/yyyy) ..... PTT\_DT
- c. Upper limit of normal PTT at this lab (sec).....PTT\_HI

200. Date this form completed (mm/dd/yyyy) ..... COMP\_DT

201. Username of person completing/reviewing completeness of this form.....COMP\_USER

<p><b>Clinical Center Use Only</b></p> <p>Date Form Entered (mm/dd/yyyy) ENTER_DT</p> <p>Username of person entering this form ENTER_USER</p>
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