Glucose Tolerance Test Patient Information Sheet

Patient details:

Surname_____ **First name**_____

Date of Birth_____ / _____ / _____

Hospital / Ward / Clinic_____

Gestation (weeks)_____

If you have suffered from any illness, e.g. common cold, flu or been confined to bed during the two weeks before this test, please mention this to a member of staff before your test.

Please write down all medicines/tablets you are taking in the table below:

Medication	Dose	Frequency

Book your test

Due to the timed nature of this test you must make an appointment at the collection centre of your choice before presenting. Please contact your local Mater Pathology collection centre to book your test.

Your local collection centre is: _____

Telephone number: _____

In preparation for your test:

- Fast from 9pm the evening before your test (nothing to eat or drink—water is permitted).
- You should not smoke for one hour before the test or during the test.
- Water is permitted before and during the test.
- ***It is most important that you do not eat during the test.***

Please note you will need to be at the Mater Pathology collection centre for two hours.
It is important that you have something substantial to eat following this test.

Note: For further information, please telephone Mater Pathology on 07 3163 8500 or your local centre during business hours.