



Episode ID	Attach Episode ID label
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iHealthT2D – Laboratory Request Form

Patient Details			
First Name		Last Name	
DOB		Gender	Male / Female
Participant ID	From database	Local Hospital ID	If applicable

Sample details			
Sample bottles needed	Purple top (x2), Yellow top (x3)		
Sample date	DD / MM / YYYY	Collected by	

Laboratory data			
Sample ID	Attach label	Cryotube box	
HbA1c result date	DD / MM / YYYY	HbA1c result (%)	