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| --- | --- |
| **FACILITY NAME & DATE:** |  |
| PATIENT INFORMATION & RESULTS OBTAINED |
| Patient ID: |  | Date / time collected: |  |
| Chief complaint: |  | Admitted: | [ ]  Yes [ ]  No |
| i-STAT RESULT: |  | Comparative result: |  |
| If serial tests were performed, please indicate collection date, time, and results: |
|  |
| Was an EKG performed? | [ ]  Yes [ ]  No |
| *If yes, what were the findings?* |
|  |
| Did patient go to the Cath Lab? | [ ]  Yes [ ]  No |
| *If yes, what were the findings?*  |
|  |
| Does the patient have a history of: MI, CHF, renal disease, or heterophile antibodies? |
|  |
| Discharge date and diagnosis: |
|  |
| Comments/Findings: |
|  |