

**SIMPLIFIED PFT SPECIMEN
COLLECTION AND DATA WORKSHEET**

Patient _____ DOB _____ Date _____
 Clinic _____ Physician _____

EXCHANGES ON DAY OF TEST	DRAIN TIME BEGINS	FILL TIME BEGINS	SOLUTION %	OUTFLOW VOLUME
#1				
#2				
#3				
#4				
#5 (If doing 5 / day)				

NEXT MORNING

#1				
#2 OR QA				

24 hour urine collection: Start Date: _____ Time: _____
 End Date: _____ Time: _____

Weight (lb / kg) _____ Height (in / cm) _____

	Exchange Schedule			Laboratory Results				
	Volume IN (L)	Dextrose (%)	Time (hrs)	Urea N (mg/dl)	Creat. (mg/dl)	Glucose (mg/dl)	Protein (g/dl)	Volume Outflow (ml)
URINE SAMPLE	/	/	/			/	/	
SERUM SAMPLE	/	/	/					/
QA EXCHANGE								
BAG 1				/	/	/	/	/
BAG 2				/	/	/	/	/
BAG 3				/	/	/	/	/
BAG 4				/	/	/	/	/
BAG 5				/	/	/	/	/
BAG 6				/	/	/	/	/
				Serum Albumin (g/dl)				