Blood Gas Collection Form

The specimen collector will complete the following information.

* Indicates a REQUIRED information field

Specimen Collected (circle one) **Arterial Venous Mixed**		Collection Date/Time:	Collectors Mnemonic:
Draw Location (circle all that apply) **Right Left** **Radial Brachial Femoral**		Patient Sticker/Identifiers	
Allen Test? **Pos Neg**	*FiO2:(%):	*Current Body Temp:	Optional PEEP: _____ I:E Ratio:_____ Rate: _____ Mode: _____ Tidal Volume: _____

LAB USE ONLY BELOW THIS LINE

Blood Gas Instrument printout here

- Specimen acceptable for analysis?

  Yes No

- If no, what was the cause for rejection:

  Received >15 minutes after collection

  Air bubbles present in barrel of syringe

  Clotted Specimen

  Other:_____

Performing MLS/MLT:_____

Reviewed by:_____ Date:_____