

NAME

## Lab Test Log

Take this form when you visit your healthcare provider. This form tracks what tests were ordered by your healthcare provider, when tests were given, and the test results. Have your healthcare provider help you complete this form.

**DATE OF BIRTH** 





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FOR MORE INFORMATION or to take an online risk assessment for bleeding disorders, go to betteryouknow.org.

**MEDICAL NOTES (allergies, reactions, etc)** 

Test Name	Date Tested	Name of Healthcare Provider Who Ordered Lab Tests	Results