TASK DOCUMENTATION
[Local HbA1c]

Participant ID: PtID

HbA1cNotDone	**LOCAL HbA1c** **Local HbA1c not done**
HbA1cTestDt	1. **Date of Test:** ___ ___ / ___ ___ /___ ___ **mm/dd/yy**
HbA1cTestMethod	1. **Method of testing:** O Point of Care (POC) O Local Lab
HbA1cTestRes	2. **HbA1C Results:**___ ___ . ___ % [Range 4.0-15.0]