Student Name:_____

Date:_____

MLAB 2360: Clinical I
Competency Report Sheet
Erythrocyte Sedimentation Rate (ESR)

Instructions: Fill in the appropriate patient information, specimen requirements, and record results with appropriate units.

1. Patient Name:_____
2. Patient ID/MR #:_____
3. Appropriate sample volume:_____
4. Appropriate sample type:_____
5. Length of Time for Testing:_____

ESR position in rack:	ESR Result: