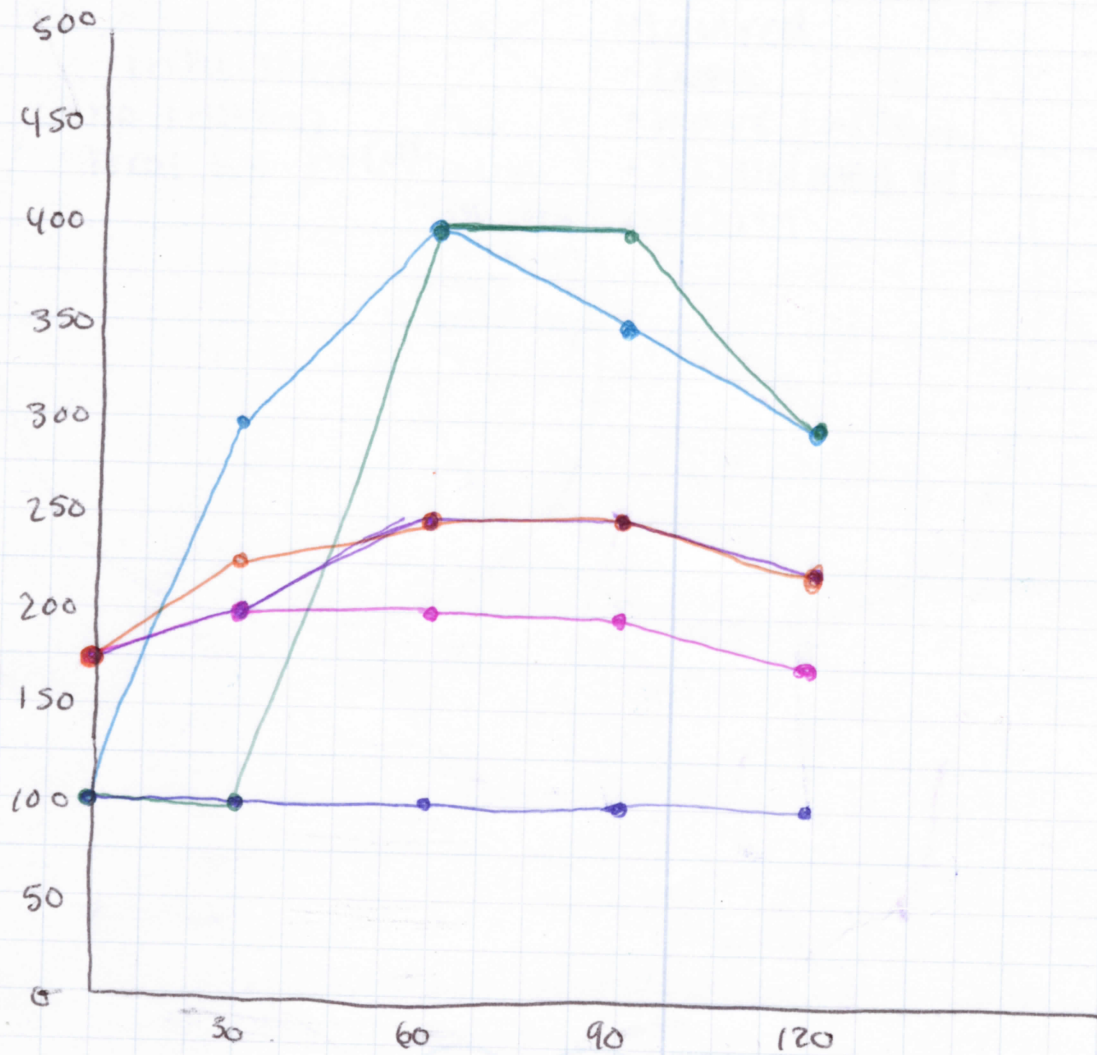


EXP. NUMBER	EXPERIMENT/SUBJECT	DATE
NAME	LAB PARTNER	COURSE & SECTION NO.



- Anna's glucose
- Anna's insulin
- PA glucose
- PA insulin
- PB glucose
- PB insulin

SIGNATURE	DATE	WITNESS/TA	DATE
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