

REFERRING DOCTOR		
COPY DOCTOR		

PLACE BARCODE HERE

PATIENT DETAILS

ID NUMBER											COLLECTION TIME	COLL BY	FASTING					
SURNAME											COLLECTION DATE	D D M M Y Y Y Y	RANDOM					
INITIALS & FIRST NAME			AGE			TEL												
DATE OF BIRTH	D D M M Y Y Y Y	SEX ASSIGNED AT BIRTH		M F	EMAIL													
PATIENT REF/EMPLOYEE NO.																		
OTHER/PO NO.																		
NO OF TUBES DRAWN	<input type="checkbox"/> S01 <input type="checkbox"/> S02 <input type="checkbox"/> E01 <input type="checkbox"/> E02 <input type="checkbox"/> HEP <input type="checkbox"/> CIT <input type="checkbox"/> FLU <input type="checkbox"/> MICRO / OTHER										TEST COUNT							

CONSOLIDATED CONTRACT CLIENT

X

TEST REQUIRED (NB mark checkbox below with X)

COCD	Urine specimen (U08)		
COCEBC	Blood specimen (F08) <b>DO NOT freeze</b>		

DONOR IDENTIFICATION by photo (*ID Book/ ID Card / Driver's Licence*)

Collection officer:	Signature	Date	Time
		____ / ____ / 20____	
Donor:	Signature	Date	Time
		____ / ____ / 20____	

SPECIMEN SEALED IN ENVELOPE (*Sealed by collection officer, witnessed by donor*)

Collection officer:	Name & Surname		
Donor:	Signature	Date	Time
		____ / ____ / 20____	

COURIER INFORMATION

Courier 1:	Name & Surname		
Courier 2:	Signature	Date	Time
		____ / ____ / 20____	

Courier 3:	Name & Surname		
	Signature	Date	Time
		____ / ____ / 20____	

\*\*\* NB: CARE CENTRE/LAB that log and ship specimen : **DO NOT OPEN ENVELOPE!** \*\*\*

DO NOT separate this Chain of Custody form from envelope

Log Chain of Custody, scan + copy form and ship envelope and form to NRL Specialised Chemistry