

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					TEL					
DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y	AGE	
PATIENT REF/					SEX ASSIGNED AT BIRTH	M F				
EMPLOYEE NO.					EMAIL					
OTHER/PO NO.					PATIENT/GUARDIAN SIGNATURES: I give consent for tests and I verify that all information is correct.					
NO OF TUBES DRAWN	S01	S02	E01	E02	HEP	CIT	FLU	MICRO / OTHER	TEST COUNT	

CONSOLIDATED CONTRACT CLIENT

X TEST REQUIRED (NB mark checkbox below with X)			
COCD		Urine specimen (U08)	
COCEBC		Blood specimen (F08) DO NOT freeze	
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		
	Signature	Date	Time
		____/____/20____	
Donor:	Name & Surname		
	Signature	Date	Time
		____/____/20____	
COURIER INFORMATION			
Courier 1:	Name & Surname		
	Signature	Date	Time
		____/____/20____	
Courier 2:	Name & Surname		
	Signature	Date	Time
		____/____/20____	
Courier 3:	Name & Surname		
	Signature	Date	Time
		____/____/20____	
<p>*** NB: CARE CENTRE/LAB that log and ship specimen : <b>DO NOT OPEN ENVELOPE!</b> ***</p> <p>DO NOT separate this Chain of Custody form from envelope</p> <p>Log Chain of Custody, scan + copy form and ship envelope and form to NRL Specialised Chemistry</p>			