Laboratory Specimens - Transported via CHS Courier to Meadville Medical Center Laboratory



Reference Specimen Packing List

Nursing staff is to complete this form. For patient name it is acceptable to use the initial of first name and the first 3 letters of last name. (E.g., M Smi will be acceptable for Mary Smith.) Circle if stat or lock box is used. For each patient, please record the quantity of specimens for each temperature indicated. At the bottom of this form, record total number of patient specimen bags sent per temperature.

Present this packing list to the courier when he/she collects the specimens.

Office Name			Courier Na	ame (Completed by courier)
CVHC			\mathcal{F}	Patrick Miller
Date	OTAT	11-	D	Time 11 AM route PM route
4/5/13	STAT	Lock Box		Time I AM route PM route
Patient Name	Spec # Room Temp	Spec # Refrigerated	Spec # Frozen	Quality Comments (Lab use)
M Smí	1	1		
J Doe		2		
B Bro	1			
V Gre	1	5		missing 1 specimen- called Tina - resolved 4/5/13-DM
Total Specimen Bags Sent	3	3		
Lab Staff Initials:	Total Specimens Received			Date and Time (Order entry completed)
DM	3	8		4/5/13 12:30 pm

Comments: