ST. THOMAS CLINICAL REFERENCE LABORATORY

SAMPLE COLLECTED SHEET

FROM:

DATE: _____

COMMENTS: _____

_____

_____

PATIENT NAME	BIRTH DATE MM/DD/YYYY	TEST	NAME OF PHYSICIAN	
1.				
	GENDER	WG:_____ VOL:_____ HG:_____	TIME	CREAT. VALUE
2.				
	GENDER	WG:_____ VOL:_____ HG:_____	TIME	CREAT. VALUE
3.				
	GENDER	WG:_____ VOL:_____ HG:_____	TIME	CREAT. VALUE
4.				
	GENDER	WG:_____ VOL:_____ HG:_____	TIME	CREAT. VALUE
5.				
	GENDER	WG:_____ VOL:_____ HG:_____	TIME	CREAT. VALUE
6.				
	GENDER	WG:_____ VOL:_____ HG:_____	TIME	CREAT. VALUE
7.				
	GENDER	WG:_____ VOL:_____ HG:_____	TIME	CREAT. VALUE
8.				
	GENDER	WG:_____ VOL:_____ HG:_____	TIME	CREAT. VALUE

TOTAL OF SAMPLES IN THIS REQUISITION

AMBIENT: _____ FROZEN: _____ REFRIGERATE: _____ TOTAL: _____

SIGNATURE LABORATORY: _____