

REDRAW TRACKING FORM Rev 11/7/18dr

Patient Sticker

Name/Test # _____

(PRINT your names CLEARLY)

Name of person collecting sample _____ Time/Date sample collected _____

Name of person placing sample on a tracking list _____

Name of courier picking up _____

Name of phlebotomist tubing sample to CP _____ Time sample Tubed _____

Name of CP person receiving the sample _____ Time received _____

Time CLS received the sample _____, Name of CLS that received and successfully completed the testing on the submitted sample _____

After sample is resulted, give this form to Sean Schafer

REDRAW TRACKING FORM Rev 11/7/18dr

Patient Sticker

Name/Test # _____

(PRINT your names CLEARLY)

Name of person collecting sample _____ Time/Date sample collected _____

Name of person placing sample on a tracking list _____

Name of courier picking up _____

Name of phlebotomist tubing sample to CP _____ Time sample Tubed _____

Name of CP person receiving the sample _____ Time received _____

Time CLS received the sample _____, Name of CLS that received and successfully completed the testing on the submitted sample _____

After sample is resulted, give this form to Sean Schafer