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

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