

☐ ASH Pensacola   ☐ ASH Bay   ☐ ASH Emerald Coast   ☐ ASH Gulf

To be completed by office:

Location:

Address:

Telephone:

Lab Specimen Tracking Sheet

Courier must complete pickup date, time, and name

Date

Pickup Time

Courier's Name (print first/last)

NUMBER OF CONTAINER TYPES														
Patient's Full Name Place tracking label first, if applicable.	DOB	Blood Culture Bottles	Red Top w/Gel	Red Top (Plain/SST)	Green Top w/Gel	Green Top (Plain)	Lav Top	Blue Top	Urine Container	24 hr Urine Container	Stool Container	Culture Swab	UTM Viral Transport Media	Other
1.														
2.														
3.														
4.														
5.														
Container Subtotal:														

To be completed by lab personnel:

Delivery Time:

Received By:

Grand Total Containers Submitted:

Special handling required:

#  ☐ on ice ☐ protect from light ☐ other

#  ☐ on ice ☐ protect from light ☐ other

#  ☐ on ice ☐ protect from light ☐ other

☐ ASH Pensacola   ☐ ASH Bay   ☐ ASH Emerald Coast   ☐ ASH Gulf

To be completed by office:

Location:

Address:

Telephone:

Lab Specimen Tracking Sheet

Courier must complete pickup date, time, and name

Date  Pickup Time  Courier's Name (print first/last)

NUMBER OF CONTAINER TYPES														
Patient's Full Name Place tracking label first, if applicable.	DOB	Blood Culture Bottles	Red Top w/Gel	Red Top (Plain/SST)	Green Top w/Gel	Green Top (Plain)	Lav Top	Blue Top	Urine Container	24 hr Urine Container	Stool Container	Culture Swab	UTM Viral Transport Media	Other
1.														
2.														
3.														
4.														
5.														
Container Subtotal:														

To be completed by lab personnel:

Delivery Time:

Received By:

Grand Total Containers Submitted:

Special handling required:

#  ☐ on ice ☐ protect from light ☐ other

#  ☐ on ice ☐ protect from light ☐ other

#  ☐ on ice ☐ protect from light ☐ other

☐ ASH Pensacola   ☐ ASH Bay   ☐ ASH Emerald Coast   ☐ ASH Gulf

To be completed by office:

Location:

Address:

Telephone:

Lab Specimen Tracking Sheet

Courier must complete pickup date, time, and name

Date

Pickup Time

Courier's Name (print first/last)

NUMBER OF CONTAINER TYPES														
Patient's Full Name Place tracking label first, if applicable.	DOB	Blood Culture Bottles	Red Top w/Gel	Red Top (Plain/SST)	Green Top w/Gel	Green Top (Plain)	Lav Top	Blue Top	Urine Container	24 hr Urine Container	Stool Container	Culture Swab	UTM Viral Transport Media	Other
1.														
2.														
3.														
4.														
5.														
Container Subtotal:														

To be completed by lab personnel:

Delivery Time:

Received By:

Grand Total Containers Submitted:

Special handling required:

#  ☐ on ice ☐ protect from light ☐ other

#  ☐ on ice ☐ protect from light ☐ other

#  ☐ on ice ☐ protect from light ☐ other