

1

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

2

**Patient's Full Name**

Place tracking label first, if applicable.

**DOB**

3

Blood  
Culture  
BottlesRed Top  
w/GelRed Top  
(Plain/SST)Green Top  
w/GelGreen Top  
(Plain)

Lav Top

Blue Top

Urine  
Container24 hr  
Urine  
ContainerStool  
ContainerCulture  
SwabUTM Viral  
Transport  
Media

Other

1.

2.

3.

4

4.

5.

Container Subtotal:

5

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 \_\_\_\_\_**Ascension  
Sacred Heart****Customer Service: Fax: 850-416-7706  
Phone: 1-877-235-4004 or 850-416-7796**

Ascension Sacred Heart Rev 08/2021 ASCPEN-0187

# Completing the Lab Specimen Tracking Sheet

## 1 Contact Information

Office personnel should complete the designated box to include their location, address, and telephone number, in the event they should need to be contacted regarding discrepancies.

## 2 Patient Information/Tracking Label

Place the non-barcoded tracking label on the white (top) copy and write in the patient's full name **after** placing the label. The matching barcoded tracking label goes on the biohazard bag. If not utilizing a label, please write in the patient's information. **Only specimens for that patient should go in the biohazard bag.** Repeat this for each patient on the tracking sheet. Once the tracking sheet is completed, the white and yellow copies should accompany the specimens; the customer keeps the pink copy for their records.

## 3 Patient Information/Date of Birth

Please be sure to include the patient's date of birth on the tracking sheet.

## 4 Specimen Information

Count the number of specimens for each container type and document accordingly. Please be sure to include the container subtotals.

## 5 Special Handling Requirements

If applicable, include any special handling requirements by recording the patient's Line# (ex. #2) and checking off specimen requirements.

**Note: Courier will complete the pickup time, date, and their name.**