

Patient Last Name	Given Name(s)	Sex	Date of Birth	Your Ref
Patient Address		Post Code	Tel (Home)	Tel (Bus)
Tests Requested				
Requesting Client			Extra Copy To	
Client Data Entry Code			Billing Code	
Collector Instructions				
Transport Instructions				
Laboratory Instructions				

I certify that the blood specimen(s) accompanying this request was drawn from the patient named above and I established the identity of the patient by direct inquiry and/or by inspection of wrist band, and immediately upon the blood being drawn I labelled the specimen(s).

SIGNED:

X

DATE:

TIME:

Person collecting specimen(s)