

PATIENTS/SAMPLE DATA SHEET

- 1) Name of Hospital/medical Center from where sample to be collected:.....
- 2) Doctor's. Name_____
- 3) Name of Patient/Donor/Identifier:_____
- 4) Sex and Age of Patient:_____
- 5) Name of specimen collected (Blood/Urine/Tissue-Cadaveric, etc):_____
- 6) Name of the person collecting specimen:_____
- 7) Time and Date of collection_____
- 8) Weight and volume of specimen collected_____
- 9) Photograpg of the specimen (File no.):_____
- 10) Mode of Transportation of sample at Lab:_____
- 11) Storage of sample (Device identifier no.):_____
- 12) Sample -processed by (Name of person)_____
- 13) Sample -processed on Date and Time_____
- 14) Date of disposition of extra sample:_____
- 15) Mode of disposition of extra sample_____
