

KALISPELL REGIONAL MEDICAL CENTER LABORATORY TRANSPORT FORM

Location: _____

Date: _____

Time of courier pickup	Time of courier delivery	Lab Received Date/ Time Stamp
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	PATIENT NAME	SPECIMEN TYPE	Note ¹	Sender Initial	Courier Initial	Lab Initial	Lab Use Only*
1		SST# ___ LAV # ___ BLU# ___ GRN# ___ PNK# ___ RED# ___ STOOL# ___ URINE# ___ CYT UR# ___ SWAB# ___ UTM# ___ PAP ___ PATH# ___ Other ___					
2		SST# ___ LAV # ___ BLU# ___ GRN# ___ PNK# ___ RED# ___ STOOL# ___ URINE# ___ CYT UR# ___ SWAB# ___ UTM# ___ PAP ___ PATH# ___ Other ___					
3		SST# ___ LAV # ___ BLU# ___ GRN# ___ PNK# ___ RED# ___ STOOL# ___ URINE# ___ CYT UR# ___ SWAB# ___ UTM# ___ PAP ___ PATH# ___ Other ___					
4		SST# ___ LAV # ___ BLU# ___ GRN# ___ PNK# ___ RED# ___ STOOL# ___ URINE# ___ CYT UR# ___ SWAB# ___ UTM# ___ PAP ___ PATH# ___ Other ___					
5		SST# ___ LAV # ___ BLU# ___ GRN# ___ PNK# ___ RED# ___ STOOL# ___ URINE# ___ CYT UR# ___ SWAB# ___ UTM# ___ PAP ___ PATH# ___ Other ___					
6		SST# ___ LAV # ___ BLU# ___ GRN# ___ PNK# ___ RED# ___ STOOL# ___ URINE# ___ CYT UR# ___ SWAB# ___ UTM# ___ PAP ___ PATH# ___ Other ___					
7		SST# ___ LAV # ___ BLU# ___ GRN# ___ PNK# ___ RED# ___ STOOL# ___ URINE# ___ CYT UR# ___ SWAB# ___ UTM# ___ PAP ___ PATH# ___ Other ___					
8		SST# ___ LAV # ___ BLU# ___ GRN# ___ PNK# ___ RED# ___ STOOL# ___ URINE# ___ CYT UR# ___ SWAB# ___ UTM# ___ PAP ___ PATH# ___ Other ___					
9		SST# ___ LAV # ___ BLU# ___ GRN# ___ PNK# ___ RED# ___ STOOL# ___ URINE# ___ CYT UR# ___ SWAB# ___ UTM# ___ PAP ___ PATH# ___ Other ___					
10		SST# ___ LAV # ___ BLU# ___ GRN# ___ PNK# ___ RED# ___ STOOL# ___ URINE# ___ CYT UR# ___ SWAB# ___ UTM# ___ PAP ___ PATH# ___ Other ___					
11		SST# ___ LAV # ___ BLU# ___ GRN# ___ PNK# ___ RED# ___ STOOL# ___ URINE# ___ CYT UR# ___ SWAB# ___ UTM# ___ PAP ___ PATH# ___ Other ___					
12		SST# ___ LAV # ___ BLU# ___ GRN# ___ PNK# ___ RED# ___ STOOL# ___ URINE# ___ CYT UR# ___ SWAB# ___ UTM# ___ PAP ___ PATH# ___ Other ___					
13		SST# ___ LAV # ___ BLU# ___ GRN# ___ PNK# ___ RED# ___ STOOL# ___ URINE# ___ CYT UR# ___ SWAB# ___ UTM# ___ PAP ___ PATH# ___ Other ___					
14		SST# ___ LAV # ___ BLU# ___ GRN# ___ PNK# ___ RED# ___ STOOL# ___ URINE# ___ CYT UR# ___ SWAB# ___ UTM# ___ PAP ___ PATH# ___ Other ___					
15		SST# ___ LAV # ___ BLU# ___ GRN# ___ PNK# ___ RED# ___ STOOL# ___ URINE# ___ CYT UR# ___ SWAB# ___ UTM# ___ PAP ___ PATH# ___ Other ___					

* Unreceived specimen issue/resolution – document with date, initials and details on the transport form or secondary page/form.

Note¹ - for special notations like fridge, STAT, UN, UNSTAT, etc.