

SPECIMEN CONTROL DOCUMENT

CLIENT NAME			Date:		Courier Initials:		
					Time of Pickup:		
Patient Name	Name Verified by Courier Y/N	Labs/Description	Count		Special Handling STAT/TS/RT	Time of Call	Client Initial
			# Bags	#Specs	Comments-refrig/frozen/ambient		
Accessioner/CRA Acceptance Log		TOTAL # counted			Accepted by:		

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