

PLM Independent Phlebotomy Delivery Confirmation Form

AUDIT RESULTS
LAB USE ONLY

LAB USE ONLY
Laboratory Time Stamp

Pathology and Lab Medicine Delivery Confirmation Form

Mandatory Field for Courier		
Signature of Courier		
Mandatory Field for Independent Phlebotomist		
Supplier number and collection location	First sample collected:	Last sample collected:

Independent Phlebotomist

Signature

Date of delivery