

PLM Independent Phlebotomy Delivery Confirmation Form

AUDIT RESULTS
<p style="text-align: center;">LAB USE ONLY</p>

<p style="text-align: center;">LAB USE ONLY</p>
<p style="text-align: center;">Laboratory Time Stamp</p>

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