

1

ASH Pensacola ASH Bay ASH Emerald Coast ASH Gulf

Lab Specimen Tracking Sheet

Courier must complete pickup date, time, and name

To be completed by office:
 Location: _____
 Address: _____
 Telephone: _____

Date _____ Pickup Time _____ Courier's Name (print first/last) _____

NUMBER OF CONTAINER TYPES

2

Patient's Full Name <small>Place tracking label first, if applicable.</small>	DOB	Blood Culture Bottles	Red Top w/Gel	Red Top (Plain/SST)	Green Top w/Gel	Green Top (Plain)	Lav Top	Blue Top	Urine Container	24 hr Urine Container	Stool Container	Culture Swab	UTM Viral Transport Media	Other	
		1.													
2.															
3.															
4.															
5.															
Container Subtotal:															

To be completed by lab personnel:
 Delivery Time: _____
 Received By: _____
 Grand Total Containers Submitted: _____

Special handling required:
 # _____ on ice protect from light other _____
 # _____ on ice protect from light other _____
 # _____ on ice protect from light other _____

Completing the Lab Specimen Tracking Sheet

1 Contact Information

Office personnel should complete this designated box to include their Location, Address, and Telephone #, in the event they should need to be contacted regarding discrepancies.

2 Patient Information - Patient's Full Name

Once all lab specimens with their corresponding lab orders have been gathered and placed into separate specimen biohazard bags, please record each patient's full name (first & last) legibly on the provided Patient Information Lines.

Note: The Courier or delivery personnel is to complete the pickup date, pickup time, as well as print their first & last name at the top of the sheet.

Once the tracking sheet has been completed, the customer then keeps the pink copy for their records. You may place the non-barcoded tracking labels affiliated with that patient's specimens on the pink (bottom) copy for your records.

Place the 'To: SHHP – Lab' Medspeed (*ASH Lab's specimen courier partner*) barcoded tracking label on the outside of the appropriate biohazard bag. Place all specimen biohazard bags into the larger purple biohazard bag. The white copy is for Ascension Sacred Heart Laboratory and once complete, should be placed inside the larger purple biohazard bag. The yellow copy is the Courier's copy. The customer keeps the pink copy for their records.

3 Patient Information - Date of Birth

Please be sure to include the Patient's Date of Birth (DOB) on the Lab Specimen Tracking Sheet.

4 Specimen Information

Count the number of specimens for each container type and document accordingly. Please be sure to include the 'Container Subtotal'.

5 Special Handling Requirements

If applicable, please include any special handling requirements by recording the Patient Information Line # (ex. #2) and checking off the applicable special handling requirement(s).