



Urgency: STAT ROUTINE/ASAP

Date: _____ Time specimen will be ready: _____

Phone Number: _____ Fax Number: _____

Facility Name: _____ Contact Name: _____

Address: _____

Patient Name: _____

Patient ID: _____ Patient Date of Birth: _____

IMPORTANT!

Specimen(s) must be labeled with two of the following unique patient identifiers:

- Patient name
- Patient ID
- Date of birth

The following information must be included on the specimen tube and/or the *Request for Immunohematology Services* form (or equivalent if the hospital does not use our form):

- Date/time of collection
- Phlebotomist's initials or ID number

Specimens that do not meet the criteria listed above will not be picked up.

Fax form to Region Hospital Services Department

Courier Pickup Checklist

Inspect the specimens and the *Request for Immunohematology Services* form (or equivalent if the hospital does not use our form) as follows before leaving hospital:*

- Each specimen tube includes patient name, patient ID number, or patient date of birth (two unique patient identifiers), and the information on each tube matches the paperwork.
- The specimen tube(s) and/or paperwork include the date/time of collection and the phlebotomist's initials or ID number, and, if included on both, the information on each tube matches the paperwork.
- Paperwork is complete and included with specimen(s).

***If not complete, DO NOT take specimen; immediately notify lab staff of unacceptable specimen. If any of the criteria are not met, notify hospital staff of missing information and/or discrepancy.**

Comments:

Courier's Name/Initials (please print): _____ Pickup Date: _____

Pickup Time: _____