



Laboratory Medicine



# Laboratory Specimen Tracking Log

Date: DD/MONTH/YYYY

Clinic or Agency Name: \_\_\_\_\_

Collector: \_\_\_\_\_

External Collector Permit Number: \_\_\_\_\_

	Patient Name and Provincial Healthcare Number	Time Collected HH:MM	Time Centrifuge (If Applicable) HH:MM	Collector record number of specimens collected.					Lab verify submission (✓)				
				SST Gold	Serum Red	Fluoride Grey	Citrate Lt. Blue	EDTA Lavender	Urine	Swab	Other Specify in Comments	Lab	
				Number	Number	Number	Number	Number	Number	Number	Number	Number	
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

LAB USE ONLY						
Date and Time delivered to site			Time Centrifuged	Transport (Package)		
DD/MONTH/YYYY	HH:MM	Staff Mnemonic	(If Applicable - HH:MM)	<input type="checkbox"/> Refrigerated	<input type="checkbox"/> Room Temp	<input type="checkbox"/> Improper Package

Lab or Collector's Comments: