



Urgency: STAT ROUTINE/ASAP

Date: _____ Time specimen will be ready: _____

Phone Number: _____ Fax Number: _____

Facility Name: _____ Contact Name: _____

Address: _____

Patient Name: _____

Patient ID: _____

IMPORTANT!

All specimens must be accompanied by the appropriate paperwork (such as the *Request for Immunohematology Services* form) and be labeled with the following details:

- Patient Name
- Patient ID number
- Date and time of collection
- Identity of the phlebotomist

Specimens that do not meet these criteria will not be picked up.

Fax form to Region Hospital Services Department

Courier Pickup Checklist

Inspect the specimens and paperwork as follows before leaving hospital:*

- Specimen tube(s) includes Patient Name, Patient ID, Date, Time, and Phlebotomist's Identification
- Request for *Immunohematology Services* form completed.
- Patient Name and Patient ID on tube(s) match the *Request for Immunohematology Services* form.

***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.**

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

Pickup Time: _____