Clinical Blood Sample Observation Sheet

Patient Name

Patient ID

Date of Collection

Time

Collected By

Ward/Department

Doctor

Observation	Description/Remarks
Sample Appearance	
Volume Collected	
Tube Type/Label	
Hemolysis	
Lipemia	
Icterus	
Clots Present	
Time Sent to Lab	
Transported By	

Additional Notes

Observer's Name

Signature

Date