| Laboratory Specimen Transfe | er |
|-------------------------------|----|
| Requesting Department | |
| Date of Request | |
| Requestor Name | |
| Contact Number | |
| Receiving Laboratory | |
| Receiving Lab Location | |
| Specimen Type | |
| Number of Specimens | |
| Specimen Collection Date | |
| Time of Transfer | |
| Purpose of Transfer | |
| Transport Mode | |
| | |
| Special Handling Instructions | |
| Additional Comments | |
| | |