

# Blood Sample Cold Transportation Record Form

## General Information

Sender Name/Facility

Recipient Name/Facility

Date of Transit

Type of Sample(s)

Number of Samples

Method of Transportation

Packaging Description

Name of Transport Handler

## Temperature Monitoring Log

Time	Temperature (°C)	Checked By	Remarks

Time of Arrival

Condition of Sample at Arrival

Received By (Name/Signature)

Additional Remarks