



Referring Facility: Please fill out part A. Dispatch Rider: Please fill out part B. Receiving facility: please fill out part C

Part A: To be filled out by the facility making the referral (Referring facility)

Date: Total samples referred: Specimen Type Test Required

Referred from (Name & location of the sending facility):

Name, Phone number & Designation of person referring samples:

Referred to (Name & location of the receiving facility):

Reason/s for referral: ☐ A No Testing Capacity ☐ B Reagent Stock-out ☐ C Equipment breakdown ☐ D No trained personnel

Part B: To be filled out by Dispatch Rider

Name and Phone contact:

Collection time: Departure time: Delivery time:

ID number of samples dispatched:

1.	5.	9.	13.
2.	6.	10.	14.
3.	7.	11.	15.
4.	8.	12.	16.

Part C: To be filled out by the facility receiving the samples (Receiving Lab)

Name & Phone number of receiving contact person:

Comment on sample condition at delivery point by receiving Lab: ☐ A Normal ☐ B Hemolysis ☐ C Spilled ☐ D Clotted ☐ E
☐ F >6 hours after collection. ☐ F Wrong Container ☐ G Thawed samples ☐ H Frozen Samples ☐ D Improper documentation

Additional comments:

Samples received with proper documentation? ☐ A Yes ☐ B No

Sign/date