

Pathology and Laboratory Medicine
Delivery Confirmation Form

AUDIT RESULTS
LAB USE ONLY

TIME STAMP
LAB USE ONLY

Mandatory field for courier
Signature

Mandatory fields for Independent Phlebotomist		
Location or Facility ID Number	First sample collected (hh:mm)	Last sample collected (hh:mm)
Signature	Date of delivery	

Referenced to: Agreement for Acceptance of Specimens Collected by Independent Phlebotomists for Laboratory Testing by Pathology and Laboratory Medicine