

## PLM Independent Phlebotomy Delivery Confirmation Form

AUDIT RESULTS
<p style="text-align: center;">LAB USE ONLY</p>

<p style="text-align: center;">LAB USE ONLY</p>
<p style="text-align: center;"><b>Laboratory Time Stamp</b></p>

### Pathology and Lab Medicine Delivery Confirmation Form

Mandatory Field for Courier		
Signature of Courier		
Mandatory Field for Independent Phlebotomist		
Supplier number and collection location	First sample collected:	Last sample collected:

### Independent Phlebotomist

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**Signature**

\_\_\_\_\_

**Date of delivery**