

BASSETT HEALTHCARE NETWORK

2/95;2/97;7/97;1/02;5/02;10/02;12/07,9/08;4/09,1/4/10,7/16/10,4/10/12  
10/1/12;11/29/12;7/1/13 3471B (f:\lab\doc)

Date: \_\_\_\_\_ Initial: \_\_\_\_\_

ORIGINATING CLINIC

**REFRIGERATED SPECIMEN REFERRAL ACCESSION LOG**

Patient Number	Patient Name	Med. Rec. Number	Test Name	Released/Clinic Collected? Y/N	Print Initials

**Cooler Checklist:**

By printing your name on this sheet, you indicate all the following are satisfactory.

- Exterior
- Interior
- Ice Packs in bubble wrap
- Bubble wrap condition
- Contents appropriately transported

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Comments:**

**PLEASE PRINT**

Courier Name
Pick up time
Originating Site Contact Name
Time Received at Lab
Receiver Name

PLEASE BE SURE THAT EVERY PATIENT LISTED ON THE ACCESSION LOG HAS THE APPROPRIATE SPECIMEN PLACED IN THE SPECIMEN BAG