

**LABORATORY SEQUESTERED SPECIMEN LOG**

Date/Time of Request \_\_\_\_\_

Patient Name \_\_\_\_\_

MRN \_\_\_\_\_

Date of Birth \_\_\_\_\_

Requestor \_\_\_\_\_

Requesting Agency \_\_\_\_\_

Specimen Date(s) \_\_\_\_\_

**Accession Numbers**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Specimens sequestered and secured by \_\_\_\_\_ Date \_\_\_\_\_

Specimens transferred to Law Enforcement/Other Agency by \_\_\_\_\_ Date \_\_\_\_\_