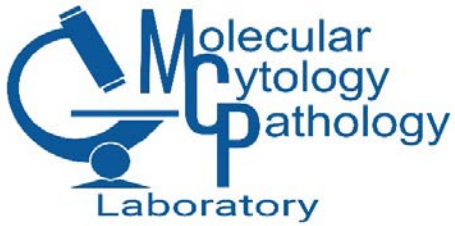


Specimen Tracking



Date: _____
 Office Name: _____
 Address: _____
 Contact Name: _____
 Phone: _____

Page ___ of ___

PATIENT NAME	DOB	# VIALS SENT	SPECIMEN	Lab Use Only	
				# VIALS REC'D	INITIAL
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Send front page with the specimen(s) to the laboratory and retain a copy for your records.

Remember to label vial with 2 patient identifiers and adequately seal the vial and biohazard bag.

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