

Body Fluid Delivery Log (Make sure date and time of collection are on sample)

Date	Time	Patient Label	Ordering Physician	Specimen and Container Type	Orders (check one)	Collection Location / Phone #	Name of who delivered	Lab Use Check ID and Path Order
					In Epic? <input type="checkbox"/> Yes <input type="checkbox"/> No			
					In Epic? <input type="checkbox"/> Yes <input type="checkbox"/> No			
					In Epic? <input type="checkbox"/> Yes <input type="checkbox"/> No			
					In Epic? <input type="checkbox"/> Yes <input type="checkbox"/> No			
					In Epic? <input type="checkbox"/> Yes <input type="checkbox"/> No			