INDIANA REGIONAL MEDICAL CENTER
Department of Laboratory Medicine

SITE :_____

SPECIMEN LOGBOOK

DATE _____ (Please only use one sheet per shipment or per day

		SPECIMEN CONTAINER(S)										Tech	Courier	Lab
							Other				Total	OK	PICKUP	RECEIPT
PATIENT'S NAME	GREEN	BLUE	GOLD	LAV	RED	SST		BACT	UA	PAP	#	(check)	Initial	Initial