

Sample Information Form:

1. Contact Information:

Patient name:	
Patient Surname:	
Gender:	
BOCOC ID:	
Date of Birth:	
Nationality:	

2. Clinical Information:

Diagnosis:	
Status:	
Referring doctor	
Consent Signed	

3. Sample Type received:

1.		ml	
2.		ml	
3.		ml	
4.		ml	
5.		ml	

Type of blood Collection tube	
Sample was collected:	
Time from sample collection to processing	
Was sample collected at BOCOC	

Date of Collection:

Date of shipment:

BOCOC Lab use only

Lab no:

Date and time of receipt:

Sample Quality:

Comments:

User: