

ORGANISATION		LUMIERE CLINIC		CHECKLIST REF NO.		LC00504	
CLINIC DATE	30/05/22	CLINICIAN	DR NICOLE	COURIER COLLECTION DATE (DISPATCH)			
CLINIC						LABORATORY	
No.	Patient Name Label			Specimen Pots (No.)	Nurse Initials	Confirmation/ Histology No.	Lab Initials
1	Benjamin Wild DOB 03/08/1981			2	AT		
2							
3							
4							
5							
6							
7							