

ORGANISATION		LUMIERE CLINIC		CHECKLIST REF NO.		LC00507	
CLINIC DATE	04.06.22	CLINICIAN	DR NICOLE	COURIER COLLECTION DATE (DISPATCH)			
CLINIC						LABORATORY	
No.	Patient Name Label			Specimen Pots (No.)	Nurse Initials	Confirmation/ Histology No.	Lab Initials
1	Erin Javes DOB 20/07/1988			1	AT		
2							
3							
4							
5							
6							
7							

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