



Blood Collection & Processing

Office Use Only--														
MrOS ID#					Acrostic					Staff ID#				

① Was any blood drawn? Yes No



② Was a fasting sample collected? Yes No

③ Time of blood draw:

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 am pm
Hours Minutes

④ Date of Lab Processing:

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Month Day Year

⑤ Was a blood blotter collected? Yes No

⑥ Was a second blood blotter collected? Yes No

Vial #1:(Clear/1.0 mL serum) Complete Hemolyzed Partial Hemolyzed/partial Not filled

Vial #2:(Clear/1.0 mL serum) Complete Hemolyzed Partial Hemolyzed/partial Not filled

Vial #3:(Clear/1.0 mL serum) Complete Hemolyzed Partial Hemolyzed/partial Not filled

Vial #4:(Clear/1.0 mL serum) Complete Hemolyzed Partial Hemolyzed/partial Not filled

Vial #5:(Brown/4.0 mL serum) Complete Hemolyzed Partial Hemolyzed/partial Not filled

⑦ Ending time of laboratory processing:

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 am pm
Hours Minutes

⑧ Enter ID from bar code label:

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Affix bar code label:

