



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 last meal:

		:		
Hours			Minutes	

 am pm

④ Time of blood draw:

		:		
Hours			Minutes	

 am pm

⑤ Date of Lab Processing:

		/			/				
Month			Day			Year			

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

⑥ Ending time of laboratory processing:

		:		
Hours			Minutes	

 am pm

⑦ Enter ID from bar code label:

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Affix bar code label:

