Sample submission form

Accompanies every shipment. One line per tube.

Sender / institution

Contact person

Email

Phone

Shipment date

Courier and tracking number

Shipping condition: ☐ Ambient ☐ Cold pack ☐ Dry ice

#	Sample ID / barcode	Patient ID	Sample type	Collection date	Volume / conc.	Test	Family role
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Checklist

- ☐ Each tube carries two identifiers that match this form.
- ☐ Test requisition enclosed for every patient.
- ☐ Signed consent on file at the sending institution.
- ☐ Tubes sealed and packed to the applicable transport rules for biological substances.

Laboratory use only

Received (date / time)

Received by

Condition on arrival

Discrepancies

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