

Mercy Clinical Laboratory Tissue Log

Client: _____

Route: _____ Date/Time Pickup _____

Policy: Name/DOB on container matches Name/DOB on log. This check is performed at the clinic AND at MCL.
Make note of exceptions (clinic staff absent, etc.)

Initial applicable column when check is completed. Follow up immediately if discrepancy occurs.

Step 1			Step 2			Step 3			
Clinic Personnel: Complete this portion of log prior to pickup			Clinic to Courier Handoff			Courier to Lab Handoff			
Specimen Collection Date	Patient Name (printed)	Date of Birth	# of Containers	Clinic Initials	Courier Initials	# of Containers	Courier Initials	Lab Initials	Accession #

Date/Time recieved in Lab _____

A YfWm7 j]WU" @JVcfUhc fm
A YfWmA YX]MU" 7 YbHYf8YgA c]bYg
%00%*h' 5j Ybi Y
8YgA c]bYg€k U) \$' %(!&*%%
SSSSSSSS
A YfWmA YX]MU" 7 YbHYfK Ygh@J_Yg
%+)) - h' D'UW
K Ygh8YgA c]bYg€k U) \$&*!+++ +