ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

RPASPF00002UAH Referred In Specimen Tracking Form

Rev 1.02

Fax completed form to (780) 407-6267.

Referring Location:	Expected Arrival	
	Date:	Time:
Courier information (if applicable):	Tracking/Waybill number (if applicable):	
Referral Site Contact Information		
Name: / Phone:		

Please check applicable priority:

- ☐ STAT
- ☐ Time Sensitive
- ☐ Priority
- ☐ Frozen
- ☐ Next day

Please check one:

- ☐ Individual patient (provide patient's information for tracking purposes)
- ☐ Batch shipment (provide <u>one</u> patient's information for tracking purposes)

Patient information (complete all boxes):

Patient name:	Collection	
ULI/PHN:	Date:	Time:
DOB:		
Tests ordered:		

UAH Use Only

Follow up by referred mail staff is required if the package is not received within 2 hours of the expected arrival.

Client Response request received by:	Referred Mail package received by:	
	Package Received	
	Date:	Time:
Attach waybill to this form if applicable.		

Delivery Problem/Issue Documentation