



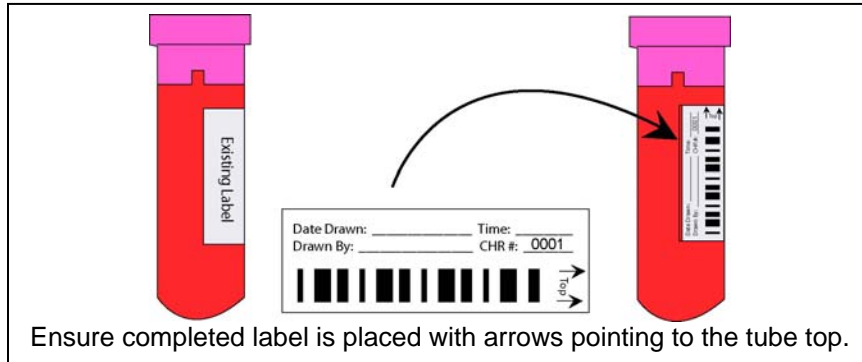
- Clinic Barcode Label Form -

Please Print

This form is kept on the patient chart. **DO NOT SEND TO CENTRAL LAB.**

Patient Name _____

Date _____



1	2	3	4
Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____	Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____	Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____	Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____
↓ d01 ↓	↓ d01 ↓	↓ d01 ↓	↓ d01 ↓

Peel Off Label and place on Lavender Top Tube. Place label over existing tube label.
DO NOT PLACE OVER GLASS (barcode must point towards to top of the tube).

1	2	3	4
Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____	Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____	Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____	Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____
↓ d01 ↓	↓ d01 ↓	↓ d01 ↓	↓ d01 ↓

5	6	7	8
Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____	Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____	Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____	Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____
↓ d01 ↓	↓ d01 ↓	↓ d01 ↓	↓ d01 ↓

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5	6	7	8
Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____	Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____	Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____	Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____
↓ d01 ↓	↓ d01 ↓	↓ d01 ↓	↓ d01 ↓

9	10	11	12
Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____	Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____	Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____	Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____
↓ d01 ↓	↓ d01 ↓	↓ d01 ↓	↓ d01 ↓

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9	10	11	12
Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____	Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____	Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____	Date Drawn: _____ Time: _____ Drawn By: _____ CHR #: _____
↓ d01 ↓	↓ d01 ↓	↓ d01 ↓	↓ d01 ↓