* Please complete a separate LCOEF for each sample
* LCOEF to accompany the specimen
* All names must be accompanied by a signature

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Specimen Taken** | Time Taken (24hr ) | Doctor’s Name | GP Code |
| Doctor’s Address: | | Signature: | |
| Patient’s details (Name, Unique identifier, Date of Birth, Sex | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Specimen Type** |  | **Lab No.** |  |
| Test(s) requested |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Procedure | Name | Signature | Date | Time |
| Specimen taken by: |  |  |  |  |
| Specimen delivered to Laboratory by: |  |  |  |  |
| Received by  (on call Y/N) |  |  |  |  |
| Medical Scientist who checks on receipt |  |  |  |  |
| Please State Procedure  1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  |
| Senior MS check on completion of report |  |  |  |  |
| Consultant Microbiologist check on completion of report |  |  |  |  |