

ST. JAMES'S HOSPITAL LABMED DIRECTORATE

Edition No.:	00	Microbiology Form	Doc No:	LF-MICRO-0475
Authorised By	Dr Brendan Crowley	Date	23/09/2016	Date of Issue: 23/09/2016

**Laboratory Chain of Evidence Form
(LCOEF)**

- 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				