Cover Sheet	
<u>Name:</u>	
<u>Date:</u>	

Please return to Labs TS by end of the day. Labs TS should hold this sheet until end of the week.

Name/ MRN	Blood draws	Vaccines	POCT
	[Place extra stickers]	[Place sticker]	[] Pregnancy test: + OR - [] Urine dipstick Glu Bili Ket
		Manufacturer:	SG Blo pH Prot Uro Nit Leu
Time:	[Place extra stickers]	NDC#:	[] HIV test []Pre []Result []Post
		Inj Site:	[] Fingerstick [] Rap strep [] EKG [] Pap
		[Place sticker]	Labs TS documentation:
	[Place extra stickers]	Manufacturer:	[] Specimen info added. [] Results added to POCT. [] Vaccine info.
		NDC#:	# of tubes from this
		Inj Site:	patient.
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