

Organization Name:							Document No:	RF.01
Title	Laboratory Sample Collection Register						Page No:	Page 1 of 1

S. No.	Patient Name	Age/ Gender	Mobile No	Lab ID	Patient ID details	Sample Type	Sample Collection Date/Time	Sample Container Type	Any special instructions	Sample Collected by - Tech Name & Sign

Sample collection register is documented by the sample collection technicians before collection of the sample.

Issue No: 01	Issue Date: 27.11.2022	Amend No: 00	Amend Date:	Copy No: 01
Prepared/Issued by:	Quality Manager	Approved by	Laboratory Director	
Signature		Signature		