Referring Facility: Please fill out part A. Dispatch Rider: Please fill out part B. Receiving facility: please fill out part C

**Part A: To be filled out by the facility making the referral (Referring facility)**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Total samples referred:</th>
<th>Specimen Type</th>
<th>Test Required</th>
</tr>
</thead>
</table>

**Referred from** (Name & location of the sending facility):

Name, Phone number & Designation of person referring samples:

**Referred to** (Name & location of the receiving facility):

**Reason/s for referral:**
- [A] No Testing Capacity
- [B] Reagent Stock-out
- [C] Equipment breakdown
- [D] No trained personnel

**Part B: To be filled out by Dispatch Rider**

Name and Phone contact:

<table>
<thead>
<tr>
<th>Collection time:</th>
<th>Departure time:</th>
<th>Delivery time:</th>
</tr>
</thead>
</table>

**ID number of samples dispatched:**

<table>
<thead>
<tr>
<th>1.</th>
<th>5.</th>
<th>9.</th>
<th>13.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>6.</td>
<td>10.</td>
<td>14.</td>
</tr>
<tr>
<td>3.</td>
<td>7.</td>
<td>11.</td>
<td>15.</td>
</tr>
<tr>
<td>4.</td>
<td>8.</td>
<td>12.</td>
<td>16.</td>
</tr>
</tbody>
</table>

**Part C: To be filled out by the facility receiving the samples (Receiving Lab)**

Name & Phone number of receiving contact person:

Comment on sample condition at delivery point by receiving Lab:
- [A] Normal
- [B] Hemolysis
- [C] Spilled
- [D] Clotted
- [E] Improper documentation

>6 hours after collection:
- [F] Wrong Container
- [G] Thawed samples
- [H] Frozen Samples

**Additional comments:**

Samples received with proper documentation?
- [A] Yes
- [B] No

Sign/date