MVHS
Utica, NY
MVHS, Inc.
Laboratory Services

WYNN HOSPITAL

111 Hospital Drive, Utica, NY 13502

LOCATION: _____

Date Collected	Time Collected	Patients Name	Collector	Tests Ordered	# of Tubes / Specimens	
					Sent / Lab Assistant or Nurse	Received / Specimen Processor

Lab Assistant or Nurse:		**Courier**		**Specimen Processor**	
Specimen Bags Sending	Bags:	# of Transport Bags		Specimen Bags Received	Bags:
Date, Time, and Initials of Person Sending	Date: Time: Initials:	Date, Time, and Initials of Courier Picking Up	Date: Time: Initials:	Date, Time, and Initials of Person Receiving in the Lab	Date: Time: Initials:
In Lock Box	YES / NO				