**Date Shipped:**  \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_

**SAMPLE SHIPPING FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Site name** |  | **Site number** |  |
| ***Site contact details (results will be sent to this contact)*** |
| **Name** |  | **Mobile** |  |
| **Email** *(more than one email can be entered)* |  |

*Please fill in this form prior to sending out the sample.*

| **Patient ID:** |  | **Patient month and year of birth:** | MM/ YYYY |
| --- | --- | --- | --- |
| **Sample ID****(Please stick the corresponding sample label here)** | **Date sample taken** | **Description of sample (e.g.: PAX gene tube)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**FOR IMPERIAL MDU LAB ONLY**

(Note: Lab Staff please retain copy of form once sample receipt is confirmed below):

|  |  |  |  |
| --- | --- | --- | --- |
| **Samples received by****(*print name):*** |  | **Date received:** |  |
| **Comments (e.g.: if sample arrived damaged):** |  |

**FOR SEPTIC TRIAL TEAM LAB ONLY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Samples received by****(*print name):*** |  | **Date received:** |  |
| **Comments (e.g.: if sample arrived damaged):** |  |

*Please email a copy of the completed form to septic@imperial.ac.uk*