



From	
Address	

To	OSF System Laboratory
Address	530 NE Glen Oak Avenue Peoria, IL 61637

System Laboratory Specimen Tracking Form

Date: _____ Time: _____

Courier Route: _____

	ROOM TEMP	REFRIGERATED	FROZEN	PATHOLOGY & PAPs
BAGS				
SPECIMEN				

Lock Box Used
 Dropped Off At _____ (Package Separate)
 (name of location)

Specimen Total
 Picked Up:

Client Signature: _____

Courier Signature: _____

OSF USE ONLY:

RQ Only	ROOM TEMP	REFRIGERATED	FROZEN	PATHOLOGY & PAPs
# SPECIMENS				

Processing Initials _____

Processing Specimen
 Total: