

HA Blood Specimen Delivery Checklist

TO : Obstetrics Screening Lab.,

FROM : KWH / PMH / PWH / (US1 / US2) Please circle when appropriate.

Specimen collection date : ____/____/____ (AM /PM) Please fill in date and circle session.

Please affix labels of patient on two separate sheets. One copy will be returned to referral hospital.

For laboratory's use:

Received by Obstetrics Screening Laboratory