

LSOCA Specimen Label Request

Purpose: To request preprinted bar-coded labels for LSOCA leukocyte and plasma specimen tubes.
When: As needed. Request labels a minimum of 2 days prior to scheduled patient visit to allow Thermo time to print and ship labels.
By whom: Clinic Coordinator and/or designated clinic lab manager responsible for labeling LSOCA specimen tubes.
Instructions: Complete and fax or email the SL form to the central repository to request bar-coded labels for LSOCA leukocyte and plasma specimen tubes. As a reminder, specimens labeled incorrectly, mislabeled, or sent without proper labels (e.g., hand-printed labels) will be returned to the clinic to be destroyed.

A. Transmission information

1. To: ThermoFisher Bioservices
 Fax number: 301-881-8306
 Attention: James Curtis (james.m.curtis@thermofisher.com)

2. From: Sent by (*print name*): _____
 SOCA Clinic: _____
 Telephone #: _____
 E-mail: _____

3. Ship labels to: Name (*print name*): _____
 Address: _____

4. Sequence number: __ __

B. Label request information

	Patient ID	Begin visit ID code	End visit ID code
5.	__ __ __ __	F __ __	F __ __
6.	__ __ __ __	F __ __	F __ __
7.	__ __ __ __	F __ __	F __ __
8.	__ __ __ __	F __ __	F __ __
9.	__ __ __ __	F __ __	F __ __
10.	__ __ __ __	F __ __	F __ __
11.	__ __ __ __	F __ __	F __ __
12.	__ __ __ __	F __ __	F __ __
13.	__ __ __ __	F __ __	F __ __
14.	__ __ __ __	F __ __	F __ __

C. Repository use only

15. Date received: __ __ - __ __ - __ __
 day month year

16. Received by whom: _____

17. Date shipped: __ __ - __ __ - __ __
 day month year