

PERIPHERAL BLOOD SLIDE REQUEST FORMS

Patient Name: _____

Medical Record Number: _____

Sample Order Number: _____

Date of Sample: _____

Please check if slide is for
Dr. Collier Rounds

Station to tube slide: _____

Doctor Information:

Name: _____

Signature: _____

Dictation Number: _____

Pager Number: _____

Signing this form indicates that the above resident understands that the slide is on loan, and MUST be returned (in the same slide container) within 72 hours of receipt.