

	Form	BPHL
	Itemized List of Specimens	Quality Assurance

ITEMIZED LIST OF SPECIMENS

Facility: _____
(ex: Duval CHD, Baptist South, etc.)

Address: _____

Submitted By: _____

Telephone: _____ **Date:** _____

Specimen Type	Quantity Submitted	Date	Comment
Hepatitis Blood Tubes			
Syphilis Serology Blood Tubes			
Virology Swabs			
Parasites Vials			
Cultures			
Aptima Collection Kit for CT/GC/MGEN/TRICH – Urine (Yellow box)			
Aptima Collection Kit for CT/GC/MGEN/TRICH - Multiest Swab Oral, throat and rectal (Orange box)			
Aptima Collection Kit for CT/GC/MGEN/TRICH - Unisex Swab for Endocervical and Male Urethral (Purple box)			
Parasite Formalin Vials (Pink Cap / Clear Liquid)			
GC Plate			
Stool Samples			
Other: _____			
Other: _____			
Other: _____			