

SPECIMEN TRANSFER FORM

Use this form when transferring a specimen **to** the MVDRL*.

Specimen Details

Hospital laboratory number:

Affix source laboratory sticker here

Specimen Type: Plasma Serum Specimen Volume (mL): _____

Specimen receipt: Time: _____ Date: _____

Other details: _____

Source Laboratory Details

Address of source laboratory: _____

Specimen dispatch: Time: _____ Date: _____

Other details: _____

Dispatcher name: _____ Dispatcher signature: _____

FOR LABORATORY USE ONLY

MVDRL Test
Number:

MVDRL Test No

Receipt: Initial

Type: Plasma Serum Frozen

Number of specimens: _____

Comments: _____