



Harvard Institutes of Medicine (HIM) & New Research Building (NRB)

### Specimen Transport

### Bill of Lading

TRANSPORTING VIA:

  

PERSON  
CAR/BUS

DATE

#### DELIVER TO

NAME

ADDRESS

TELEPHONE #

INSTITUTION (*circle one*)

#### SHIPPED FROM

NAME

ADDRESS

TELEPHONE #

**BIDMC**

**BWH**

**Children's**

**MGH**

**DFCI**

**HMS**

### EMERGENCY CONTACT

NOTE: PERSON MUST BE FAMILIAR WITH CONTENTS

**NAME**

**24-HOUR TELEPHONE #**

#### SPECIMEN TYPE

CHECK EACH CATEGORY THAT APPLIES

*INDICATE TOTAL NUMBER OF REQUISITIONS  
BEING SENT WITH THIS BILL OF LADING*

CLINICAL

RESEARCH

BLOOD

URINE

TISSUE

STOOL

OTHER

PLEASE LIST HERE

#### CONDITION ON DELIVERY

(CHECK ONE)

OKAY

BROKEN

NO I.D.

LEAKING

OPEN

OTHER

**COMMENTS**

RECEIVED BY

DATE RECEIVED