Confirmation of <u>Commercial</u> Testing Services Supplied (For use with multiple donors or Network Rail testing)

Case Reference:	: Appointmen	t date Appoin	tment time	Location:	
Sample Collection details					
SAMPLE COLLECTOR ON SITE ARRIVAL TIME ACTUAL SAMPLE COLLECTION START TIME: (First sample donor attending)					
NUMBER OF DONORS ATTEM APPOINTMENT:	NDED	ACTUAL SAMPLE COLLECTION FINISH TIME: (Last sample donor finished)			
NUMBER OF SAMPLES SUCCESSFULLY OBTAINED:		NUMBER OF NONCONFORMITY REPORTS RAISED:			
NUMBER OF NONATTENDAN DONORS: (No shows)	ICE	POC SCREENING ONLY NUMBER OF NON-NEGATIVE SAMPLES DISPATCHED TO THE LAB:			
Record the reason(s) for any delays: Record any nonconformance with regards to sample collection facilities e.g. location / security:					
Authorisation (Sample Collec	ctor and company repres	entative to comp	olete)		
Sample Collectors Name	:				
Signature:		Date:		Time:	
Organisational Representative: I confirm the number of samples taken, actual start and finish time entered above, to be accurate (Site contact or last donor)					
Print name:					
Job Role:					
Signature:		Date:		Time:	
CRYSTAL Health Group	Version	Approv	al Date	Review Date	
	v02.10.19	Oct 2	2019	Oct 2020	