



Hôpital St-Boniface General Hospital

BIOCHEMISTRY LAB
TIMED COLLECTIONS BOOKING
FAX FORM
Fax to: 231-2245

New Booking

Change to a Previous Booking

Previously booked for Date: ___/___/___ Time: ___
D M Y

* MINIMUM OF 2 HRS NOTICE REQUIRED

TEST(S): _____

COLLECTION DATE: ___/___/___ COLLECTION TIME: _____
Day Month Year

If drug level required, please check appropriate boxes and fill in the following:

PRE DOSE BOOKING POST DOSE BOOKING**

TIME DOSE IS TO BE GIVEN: _____

** Phone the time dose finished infusing to Biochemistry at 2476

PERSON REQUESTING THE BOOKING

Name: _____

Phone Number: _____

Notes: _____

Received & Booked in Lab

By: _____

Date and Time: _____

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