Occupational Testing Services

Your Partner in a Safer Workplace

Western Diagnostic PATHOLOGY

ONSITE COLLECTION CHECKLIST

Requested By:

Name	:	PO No.	:
Company	:	Email	:
Telephone	:	Fax	:

Requested For:

QUESTIONS	RESPONSE
Name of worksite	
Location of worksite (map if available)	
Date and Time of collection	Date: Time:
Time of arrival collectors required at site	
Expected numbers of samples	
Name and contact details for site contact	Name: Work Phone: Mobile: Home Phone: Email:
Name and contact details for secondary contact	Name: Work Phone: Mobile: Home Phone: Email:
Client rep. available at collection points	Yes / No
Method of subject identification	
Employee list available for collectors	Yes / No
Specific requirements (i.e. Breathalyser, THC cut-offs, drugs to be analysed)	
Details of level of supervision	
Address for reports or doctor code	
Method of communicating results	
Additional Instructions / Comments:	