



## MEDICAL COURIER DELIVERY RECEIPT

RECEIPT NO:

DATE:

TIME:

TRACKING NO:

COURIER ID:

VEHICLE ID:

### ORIGIN / SENDER

\_\_\_\_\_  
-----  
-----  
-----  
-----

### DESTINATION / RECIPIENT

\_\_\_\_\_  
-----  
-----  
-----  
-----

### DELIVERY ITEMS & TEMP CONTROL

ITEM DESCRIPTION / SPECIMEN TYPE	QTY	TEMPERATURE REQUIREMENTS
		<input type="checkbox"/> Ambient <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen
		<input type="checkbox"/> Ambient <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen
		<input type="checkbox"/> Ambient <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen

### CHAIN OF CUSTODY NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
RELEASED BY (SENDER)

-----  
DATE / TIME

\_\_\_\_\_  
TRANSPORTED BY (COURIER)

-----  
DATE / TIME

\_\_\_\_\_  
RECEIVED BY (RECIPIENT)

-----  
DATE / TIME

\_\_\_\_\_  
CONFIDENTIAL MEDICAL MATERIAL DELIVERED - PLEASE HANDLE WITH CARE AND ACCORDING TO PROTOCOL