



THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

NOTE: THIS IS TO BE PRINTED IN TRIPLICATE: 1.A COPY REMAINS AT SENDING LAB, 2.A COPY FOR EOC & 3. A COPY FOR TESTING LAB

Serial number: XYYYYXX



THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

UGANDA NATIONAL HEALTH LABORATORY SAMPLE TRANSPORT NETWORK – DAILY SAMPLE COLLECTION AND REFERRAL LOG

DISPATCHER INFORMATION (TO BE FILLED IN AT PACKAGING AND DISPATCH OF THE SPECIMEN)

A	1.Date of referral: DD MM YYYY	2.TIME OF DISPATCH OF SAMPLE PACKAGE: _____	3.NAME OF PERSON DISPATCHING _____	4.PHONE OF DISPATCHER _____
B	Was there a change of custody in transporting specimen? <input type="checkbox"/> YES <input type="checkbox"/> NO	1.HEALTH FACILITY OF SPECIMEN ORIGIN (specify if POE or community site) _____	3.DISTRICT OF SPECIMEN ORIGIN: _____	4.FINAL TESTING LAB: _____

TRANSPORTER INFORMATION

C	1.NAME _____	2.PHONE: _____	3.VEHICLE NUMBER PLATE: _____	4.MEANS OF TRANSPORTATION <input type="checkbox"/> MOTORBIKE, <input type="checkbox"/> CPHL CAR, <input type="checkbox"/> DISTRICT CAR, <input type="checkbox"/> OTHER, specify _____	5.NUMBER OF SPECIMEN IN PACKAGE _____	6.TIME OF RECEIVING OF SPECIMEN PACKAGE AT FINAL TESTING LAB _____	7.TIME OF DELIVERY OF SPECIMEN PACKAGE AT FINAL TESTING LAB _____
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INFORMATION AT FINAL TESTING LABORATORY

D	1. NAME OF PERSON RECEIVING SAMPLES? _____	2. POSITION: _____	3. PHONE _____	4. DATE OF SPECIMEN RECEIPT: _____	5. TIME OF RECEIPT: _____	6.STAMP/SIGNATURE OF RECEIVING LAB	
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SPECIMEN REFERRAL INFORMATION (TO BE FILLED BY DISPATCHER AND LATER BY RECEPTION TEAM AT FINAL TESTING LABORATORY)

E	1.SAMPLE ID	2.PATIENT NAME (OR ANOTHER IDENTIFIER)	3. SPECIFY SAMPLE TYPE COLLECTED (NS, OS, BLD)	4. DATE OF SAMPLE COLLECTION	5. TIME OF SAMPLE COLLECTION	6. IF SAMPLE WAS COLLECTED FROM TRUCK DRIVER/TRAVELLER, STATE NUMBER PLATE OF VEHICLE	7.PACKAGE CHECK AT TESTING LAB (reception to use the codes below)
1							
2							
3							
4							
5							
6							
7							
8							

PACKAGE STATUS: 1. EVERYTHING IS OK 2. LIF MISSING 3. LIF PARTIALLY FILLED 4. SPECIMEN MISSING 5. SPECIMEN SPILLED 6. OTHER ISSUE, SPECIFY

For clarifications on sample transportation, call UNHLS toll free line: 0800221100

V2: APRIL 29 2020