



**HI 106 B
Histology Specimen Tracking Log**

Date:		Clinic/Physician Name and Address:	
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Please include all required information for each patient on the rows below. We recommend affixing patient identification for better clarity.

Patient First Name	Patient Last Name	Patient Health Card #	# Specimens per Requisition	Physician / Sender Initials	Dynacare Histology Staff Initials

For Physician / Sender Total Number of Specimens Shipped:	Dynacare Histology Staff Total Number of Specimens Received:
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