

BIOLOGICAL SPECIMEN DELIVERY LETTER (EXAMPLE)

DATE:

Delivered by: Name
Unit
Site
Site Address
Phone

Delivered to: Name
Unit
Site
Site Address
Phone

CONTENTS: *<specify nature/type of biological samples, total number of units delivered>*

LIST OF CONTENT

Patient Trial Number	Total No. of samples delivered/ patient	Biological Sample Codes

Person responsible for the biological sample delivery

Name: _____

Signature: _____

Date: _____

Person responsible for the biological sample receipt

I confirm the receipt of the biological samples as listed above.

< the sender has to include the request of confirmation of specific delivery conditions (e.g. control temperature conditions)>

Name: _____

Signature: _____

Date: _____