

Test Result Transmission Record

Transmission Details

Date of Transmission:

Transmitting Facility:

Recipient Facility/Organization:

Mode of Transmission:

Transmitted By (Name):

Patient Information

Patient Name:

Patient ID/Number:

Date of Birth:

Test Performed:

Test Result Details

Test Name	Result	Reference Range	Date Performed
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>

Confirmation

Received By (Name):

Date Received: