SPECIMEN/LAB RPT. NO.

MISC

URGENCY

☐ ROUTINE

TODAY ☐

☐ PRE-OP

STAT ☐

PATIENT STATUS

☐ BED ☐ AMB

OUTPATIENT ☐

☐ NP ☐ DOM

SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE	REPORTED BY MD / TECH	DATE	LAB ID NO.

REMARKS

TEST(S) REQUESTED	SPECIMEN TAKEN DATE	SPECIMEN TAKEN TIME A.M. / P.M.	RESULTS

557-107

MISCELLANEOUS

STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA-ICMR
FPMR (41 CFR) 201-45.505