SPECIMEN/LAB RPT. NO.

MISC

URGENCY
☐ ROUTINE
TODAY ☐
☐ PRE-OP
STAT ☐

PATIENT STATUS
☐ BED ☐ AMB
OUTPATIENT ☐
☐ NP ☐ DOM

SPECIMEN SOURCE (Specify)

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)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	REQUESTED		RESULTS	

557-107

MISCELLANEOUS

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

NSN 7540-00-181-8344

PREVIOUS EDITION USABLE

☆ U.S. GOVERNMENT PRINTING OFFICE 1997-418-142/60016