

Log number

Name of person completing courier log _____ Signature _____

Name of Hospital _____

Date log completed DD/MM/YY

Date of courier DD/MM/YY

Courier log – please photocopy – place 1 copy in plastic bag with samples; 1 copy to site file

	Infant ELFIN number	Infant MAGPIE number	Sample numbers	Total samples included	Notes
EX	12222	207	001-056	49	
EX	22455	213	067-077	6	
EX	44467	214	103-150	46	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					