



**P.** (575) 622-5600      **Logistics Fax**  
**F.** (575) 622-3720      (575) 622-4795  
**TF.** (800) 753-7284      **pcnm.com**

Please fill in completely.

Facility/Clinician

Date \_\_\_\_\_

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of

**PATIENT NAME**

SPECIMEN BARCODE OR  
OTHER SECOND IDENTIFIERNUMBER OF  
CONTAINERS/  
SLIDESDATE  
PICKED UPDATE  
ARRIVED AT  
PCNM

## PCNM USE ONLY

The above specimens arrived at PCNM and are being processed:

PCNM Employee

Date