Commercial Testing Form (For use with all commercial appointments & Network Rail testing)

Case Reference:	Appoin	tment date	Appointment time	Location:	
Sample Collection details	_	_			
SAMPLE COLLECTOR ON SITE ARRIVAL TIME ACTUAL SAMPLE COLLECTION START TIME: (First sample donor attending)					
NUMBER OF DONORS ATTENDE APPOINTMENT:	DED ACTUAL SAMPLE COLLECTION FINISH TIME: (Last sample donor finished)				
NUMBER OF SAMPLES SUCCESSFULLY OBTAINED:		NUMBER OF NONCONFORMITY REPORTS RAISED:			
NUMBER OF NONATTENDANCE DONORS: (No shows)		POC SCREENING ONLY NUMBER OF NON-NEGATIVE SAMPLES DISPATCHED TO THE LAB:			
Record the reason(s) for any delays:					
Record any nonconformance with regards to sample collection facilities e.g. location / security:					
Authorisation (Sample Collecto	r and company re	presentative	to complete)		
Sample Collectors Name:					
Signature:		Date:		Time:	
Organisational Representative: I confirm the number of samples taken, actual start and finish time entered above, to be accurate					
(Site contact or last donor)	Print name:				
	Job R	Job Role:			
Signature:		Date:		Time:	
CRYSTAL Health Group	Document name			Version	
	Commercial Testing Form			v03.09.24	