

Phone Notification:

Sending Hospital Name: _____ Caller Name: _____

Contact phone number: _____

Receiving Hospital Name: _____ Receiver Name: _____

Date: _____ Time: _____
yyyy-mm-dd hhmm

Fax Notification:

Fax To: (Receiving Site) _____

Fax #: (709) _____

Fax From: (Shipping Site)

Fax #: (709) _____

Sender's Initials: _____

Date of Notification: _____
yyyy-mm-dd

**Mode of Transportation
(Document name of Carrier)**

Air _____

Courier _____

Taxi _____

Other: _____
specify

Expected Date and Time of Arrival:

Date: _____
yyyy-mm-dd

Time: _____
hhmm

Notification received by: _____ Date: _____ Time: _____
(Receiving Site) yyyy-mm-dd hhmm