

MAGPIE site letter

Name of person completing courier log _____ Signature _____

Name of Hospital _____ Date log completed DD/MM/YY Date sent to Northumbria DD/MM/YY

**Courier log – please photocopy – send 1 copy in plastic wallet alongside samples; 1 copy to site file
Please complete 1 row per MAGPIE infant**

	Infant ELFIN number	Infant MAGPIE number	Sample numbers	Total samples included	Bag number(s)	Notes
EX	12222	A207	001-056	49	1 and 2	
EX	22455	A213	067-077	6	1	
EX	44467	A214	103-150	46	3	
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