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| **PERTH AND SMITHS FALLS DISTRICT HOSPITAL** |
| **CLINICAL LABORATORY POLICY AND PROCEDURE** |
| **TITLE:** |  |
| **EFFECTIVE DATE:** |  | **DOCUMENT NUMBER:** |  |
| **AUTHOR:** |  |  |  |
| **AUTHORITY FOR ISSUE:** | Manager, Laboratory & Allied Health Services |

**Purpose**

**Scope**

**Procedure**

**Revision History**