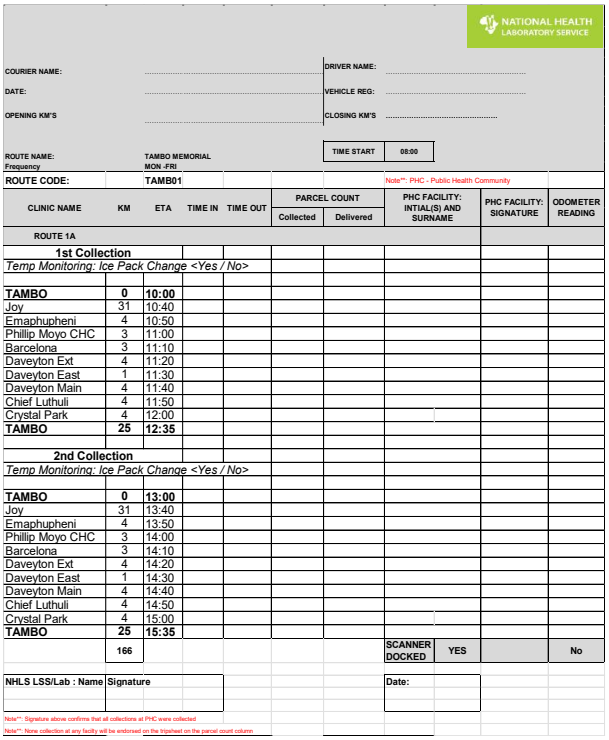
ANNEXURE A1:

Tambo Memorial Tripsheet(s)



NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: ..... DRIVER NAME: .....

DATE: ..... VEHICLE REG: .....

OPENING KM'S ..... CLOSING KM'S .....

ROUTE NAME: TAMBO MEMORIAL
Frequency MON -FRI

TIME START 08:00

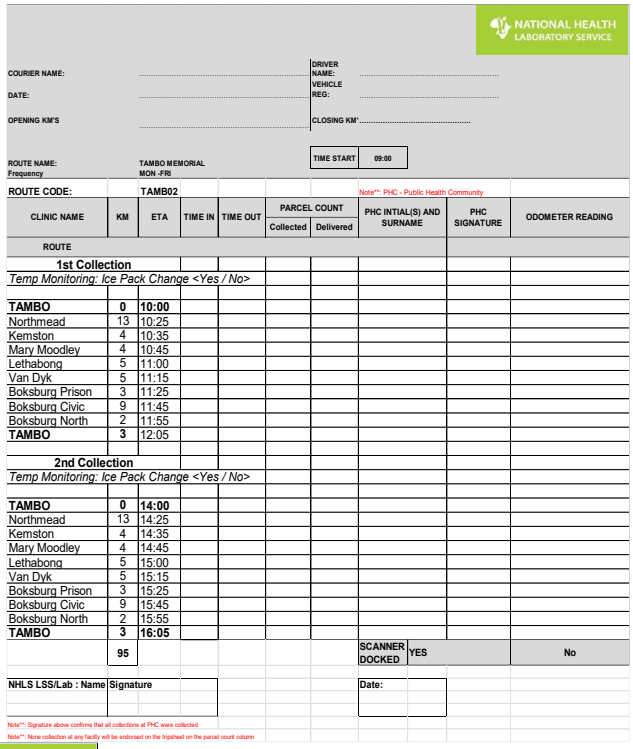
ROUTE CODE: TAMB01 Note**: PHC - Public Health Community

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
ROUTE 1A									
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
TAMBO	**0**	**10:00**							
Joy	31	10:40							
Emaphupheni	4	10:50							
Phillip Moyo CHC	3	11:00							
Barcelona	3	11:10							
Daveyton Ext	4	11:20							
Daveyton East	1	11:30							
Daveyton Main	4	11:40							
Chief Luthuli	4	11:50							
Crystal Park	4	12:00							
TAMBO	**25**	**12:35**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
TAMBO	**0**	**13:00**							
Joy	31	13:40							
Emaphupheni	4	13:50							
Phillip Moyo CHC	3	14:00							
Barcelona	3	14:10							
Daveyton Ext	4	14:20							
Daveyton East	1	14:30							
Daveyton Main	4	14:40							
Chief Luthuli	4	14:50							
Crystal Park	4	15:00							
TAMBO	**25**	**15:35**							
	166						SCANNER DOCKED	YES	No

NHLS LSS/Lab : Name | Signature | Date:

Note**: Signature above confirms that all collections at PHC were collected

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column



NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: ..... DRIVER NAME: .....

DATE: ..... VEHICLE REG: .....

OPENING KM'S ..... CLOSING KM'S .....

ROUTE NAME: TAMBO MEMORIAL
Frequency MON -FRI

TIME START 09:00

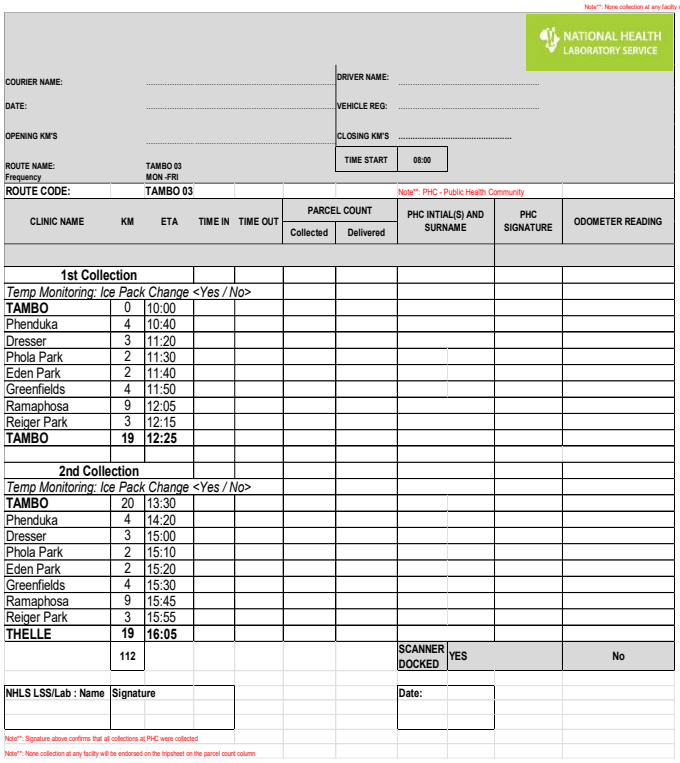
ROUTE CODE: TAMB02 Note**: PHC - Public Health Community

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC INTIAL(S) AND SURNAME	PHC SIGNATURE	ODOMETER READING
ROUTE									
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
TAMBO	**0**	**10:00**							
Northmead	13	10:25							
Kemston	4	10:35							
Mary Moodley	4	10:45							
Lethabong	5	11:00							
Van Dyk	5	11:15							
Boksburg Prison	3	11:25							
Boksburg Civic	9	11:45							
Boksburg North	2	11:55							
TAMBO	**3**	12:05							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
TAMBO	**0**	**14:00**							
Northmead	13	14:25							
Kemston	4	14:35							
Mary Moodley	4	14:45							
Lethabong	5	15:00							
Van Dyk	5	15:15							
Boksburg Prison	3	15:25							
Boksburg Civic	9	15:45							
Boksburg North	2	15:55							
TAMBO	**3**	**16:05**							
	95						SCANNER DOCKED	YES	No

NHLS LSS/Lab : Name | Signature | Date:

Note**: Signature above confirms that all collections at PHC were collected

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column



NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: ..... DRIVER NAME: .....

DATE: ..... VEHICLE REG: .....

OPENING KM'S ..... CLOSING KM'S .....

ROUTE NAME: TAMBO 03
Frequency MON -FRI

TIME START 08:00

ROUTE CODE: TAMBO 03 Note**: PHC - Public Health Community

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC INTIAL(S) AND SURNAME	PHC SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
TAMBO	0	10:00							
Phenduka	4	10:40							
Dresser	3	11:20							
Phola Park	2	11:30							
Eden Park	2	11:40							
Greenfields	4	11:50							
Ramaphosa	9	12:05							
Reiger Park	3	12:15							
TAMBO	**19**	**12:25**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
TAMBO	20	13:30							
Phenduka	4	14:20							
Dresser	3	15:00							
Phola Park	2	15:10							
Eden Park	2	15:20							
Greenfields	4	15:30							
Ramaphosa	9	15:45							
Reiger Park	3	15:55							
THELLE	**19**	**16:05**							
	112						SCANNER DOCKED	YES	No

NHLS LSS/Lab : Name | Signature | Date:

Note**: Signature above confirms that all collections at PHC were collected

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

* The trip sheets are subject to change based on operational requirements and customer requests. Such changes may result in an increase or decrease in the total kilometres travelled.

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: .....
DATE: .....
OPENING KM'S .....

DRIVER NAME: .....
VEHICLE REG: .....
CLOSING KM' .....

ROUTE NAME: TAMBO MEMORIAL
Frequency MON -FRI

TIME START 09:00

ROUTE CODE: TAMB04

Note**: PHC - Public Health Community

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT		PHC INTIAL(S) AND SURNAME	PHC SIGNATURE	ODOMETER READING
					Collected	Delivered			
ROUTE									
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
TAMBO	**0**	**09:30**							
Slovo Park	38	10:15							
Panyville	5	10:30							
Selope	12	10:45							
Thembelisha	2	10:55							
White City	5	11:25							
Kwa Thema	2	11:35							
TAMBO	**23**	**12:10**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
TAMBO	**0**	**12:15**							
Slovo Park	38	13:00							
Payneville	5	13:15							
Vischuil	18	13:40							
Usizolwethu	22	14:10							
Devon Prison	3	14:20							
Selope	47	15:15							
Thembelisha	2	15:25							
White City	3	15:55							
Kwa Thema	2	16:05							
TAMBO	**23**	**16:35**							
	246						**SCANNER DOCKED**	**YES**	**No**

NHLS LSS/Lab : Name	Signature	Date:

Note**: Signature above confirms that all collections at PHC were collected

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: .....
DATE: .....
OPENING KM'S .....

DRIVER NAME: .....
VEHICLE REG: .....
CLOSING KM' .....

ROUTE NAME: TAMBO MEMORIAL
Frequency MON - SUN Night

TIME START 18:00

ROUTE CODE: TAMB05

Note**: PHC - Public Health Community

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT		PHC INTIAL(S) AND SURNAME	PHC SIGNATURE	ODOMETER READING
					Collected	Delivered			
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
TAMBO	0	18:00							
Bertha Gxowa	**11**	**18:20**							
Phola Park	27	18:50							
Thelle Mogoerane	**22**	**19:20**							
Nokuthela Ngwenya	25	19:50							
Pholosong	**6**	**20:05**							
Kwa Thema	7	**20:30**							
Far East Rand	**11**	**20:50**							
Phillip Moyo	21	21:15							
Daveyton Main	7	21:30							
TAMBO	**27**	**22:00**							
Temp Monitoring: Ice Pack Change <Yes / No>									
TAMBO	**0**	**22:00**							
CHBAH	38	22:45							
CMJAH	18	23:10							
BRM	2	23:20							
Bertha Gxowa	19	23:45							
TAMBO	**10**	**23:55**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
TAMBO	**0**	**02:00**							
CHBAH	38	02:45							
CMJAH	18	03:10							
BRM	2	03:20							
Bertha Gxowa	19	03:45							
TAMBO	**10**	**04:55**							
	339						**SCANNER DOCKED**	**YES**	**No**

NHLS LSS/Lab : Name	Signature	Date:

Note**: Signature above confirms that all collections at PHC were collected

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: .....
DATE: .....
OPENING KM'S .....

DRIVER NAME: .....
VEHICLE REG: .....
CLOSING KM' .....

ROUTE NAME: TAMBO MEMORIAL
Frequency Sat/Sun/Pub Day
ROUTE CODE: TAMB06

TIME START 18:00

Note**: PHC - Public Health Community

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC INTIAL(S) AND SURNAME	PHC SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
TAMBO	0	09:00							
Bertha Gxowa	**11**	**09:20**							
Dresser	18	09:40							
Phola Park	2	09:45							
Thelle Mogoerane	**22**	**10:15**							
Nokuthela Ngwenya	25	10:45							
Tsakane Main	7	11:00							
Geluksdal Clinic	4	11:15							
Pholosong	**6**	**11:30**							
Kwa Thema	**8**	**11:45**							
First Avenue Clinic	10	**12:00**							
Far East Rand	**7**	**12:15**							
Chief Lithuli	12	12:35							
Daveyton Main	4	12:45							
Phillip Moyo	9	13:05							
Emaphupheni	3	13:10							
Marry Moodley	29	13:35							
TAMBO	**11**	**13:55**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
TAMBO	**0**	**14:30**							
CHBAH	38	15:15							
CMJAH	18	15:35							
BRM	2	14:45							
Bertha Gxowa	19	15:15							
TAMBO	**10**	**15:35**							
	274						**SCANNER DOCKED**	**YES**	**No**

NHLS LSS/Lab : Name	Signature	Date:

Note**: Signature above confirms that all collections at PHC were collected

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

*The trip sheets are subject to change based on operational requirements and customer requests. Such changes may result in an increase or decrease in the total kilometres travelled.

Far East Rand Trip sheet(s)

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME:	.....	DRIVER NAME:	.....
DATE:	.....	VEHICLE REG:	.....
OPENING KM'S	.....	CLOSING KM'S	.....
ROUTE NAME:	NHLS FAR EAST RAND	TIME START	08:00
Frequency	MON -FRI		
ROUTE CODE:	FER01		

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	INTIAL(S) AND SURNAME	SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
FAR EAST RAND	**0**	**09:00**							
TAMBO	20	09:30							
KINGSWAY	15	10:00							
REEDVILLE	6	10:15							
SPRINGS CLINIC	7	10:30							
FIRST AVENUE	2	10:45							
MODDERBEE PRISON	12	11:20							
DAN KUBEKA	2	11:30							
FAR EAST RAND	**10**	**12:00**							
Temp Monitoring: Ice Pack Change <Yes / No>									
FAR EAST RAND	**0**	**12:30**							
TAMBO	**20**	**13:00**							
FAR EAST RAND	**21**	**13:30**							
Temp Monitoring: Ice Pack Change <Yes / No>									
FAR EAST RAND	**0**	**14:00**							
KINGSWAY	5	14:15							
REEDVILLE	6	14:30							
SPRINGS CLINIC	7	14:45							
FIRST AVENUE	2	14:55							
MODDERBEE	12	15:20							
DAN KUBEKA	2	15:30							
FAR EAST RAND	**10**	**16:00**							
Temp Monitoring: Ice Pack Change <Yes / No>									
FAR EAST RAND	**0**	**16:00**							
TAMBO	**20**	**16:30**							
FAR EAST RAND	**21**	**17:00**							
	199						**SCANNER DOCKED**	**YES**	**No**

NHLS LSS : Name	Signature	Date:

The trip sheets are subject to change based on operational requirements and customer requests. Such changes may result in an increase or decrease in the total kilometres travelled.

Bertha Gxowa Trip sheet(s)

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: ..... DRIVER NAME: .....

DATE: ..... VEHICLE REG: .....

OPENING KM'S ..... CLOSING KM'S .....

LAB NAME: BERTHA GXOWA | TIME START 08:00

Frequency MON -FRI

ROUTE CODE: BER01

Note**: PHC - Public Health Community

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC INTIAL(S) AND SURNAME	PHC SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Bertha Gxowa	**0**	**09:30**							
TAMBO	10	09:50							
Waverly	8	10:05							
Wannenburg	4	10:15							
Klopperpark	7	10:30							
Bedfordview	12	10:55							
Alberton North	10	11:15							
Brackenhurst	9	11:35							
Leondale	11	12:00							
Elsburg	11	12:25							
Dukathole	3	12:35							
Germiston Civic	4	12:45							
Bertha Gxowa	**1**	**12:50**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Bertha Gxowa	**0**	**12:30**							
TAMBO	10	12:50							
Waverly	8	13:05							
Wannenburg	4	13:15							
Klopperpark	7	13:30							
Bedfordview	12	13:55							
Alberton North	10	14:15							
Brackenhurst	9	14:35							
Leondale	11	15:00							
Elsburg	11	15:25							
Dukathole	3	15:35							
Germiston Civic	4	15:45							
Bertha Gxowa	**1**	**15:50**							
Bertha Gxowa	**0**	**16:00**							
TAMBO	10	16:40							
Bertha Gxowa	**10**	**17:00**							
	202						**SCANNER DOCKED**	**YES**	**No**

NHLS LSS/Lab : Name	Signature	Date:

Note**: Signature above confirms that all collections at PHC were collected

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

The trip sheets are subject to change based on operational requirements and customer requests. Such changes may result in an increase or decrease in the total kilometres travelled.

Thelle Mogoerane Tripsheet(s)

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: ..... DRIVER NAME: .....

DATE: ..... VEHICLE REG: .....

OPENING KM'S ..... CLOSING KM'S .....

ROUTE NAME: THELLE MOGOERANE | TIME START: 08:00

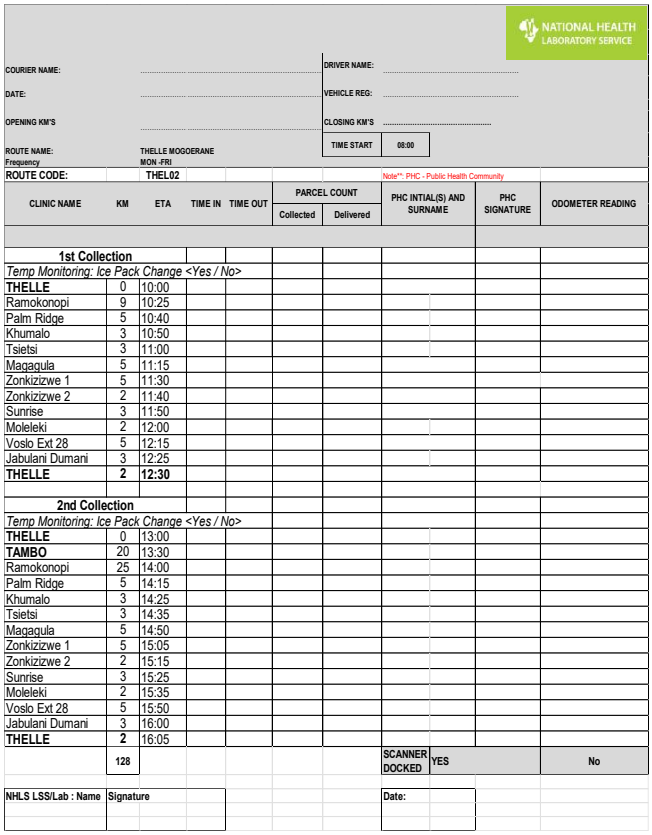
Frequency: MON -FRI

ROUTE CODE: THEL01

Note**: PHC - Public Health Community

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT		PHC INTIAL(S) AND SURNAME	PHC SIGNATURE	ODOMETER READING
					Collected	Delivered			
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
THELLE	**0**	**10:00**							
TAMBO	**20**	**10:30**							
Dawn Park Clinic	12	10:50							
Villa Liza	3	11:00							
Rondebult	7	11:20							
Tswelopele	4	11:30							
Tamaho	9	11:50							
Motsamai	3	12:00							
Katlehong North	2	12:10							
Goba Clinic	4	12:20							
Voslo Poli	6	12:40							
Ext 9 Clinic	3	12:50							
THELLE	**1**	**13:00**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
THELLE	**0**	**13:30**							
Dawn Park Clinic	12	13:50							
Villa Liza	3	14:00							
Rondebult	7	14:20							
Tswelopele	4	14:30							
Tamaho	9	14:50							
Motsamai	3	15:00							
Katlehong North	2	15:10							
Goba Clinic	4	15:20							
Voslo Poli	6	15:40							
Ext 9 Clinic	3	15:50							
THELLE	**1**	16:00							
TAMBO	**20**	**16:30**							
THELLE	**21**	**17:00**							
	170						**SCANNER DOCKED**	**YES**	**No**

NHLS LSS/Lab : Name	Signature	Date:



NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: ..... DRIVER NAME: .....

DATE: ..... VEHICLE REG: .....

OPENING KM'S ..... CLOSING KM'S .....

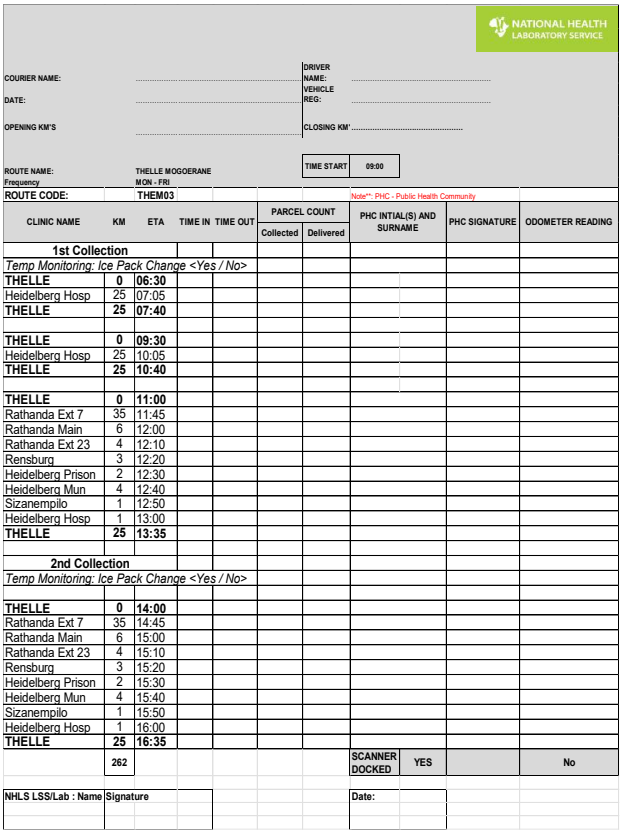
ROUTE NAME: THELLE MOGOERANE — TIME START 08:00

Frequency MON -FRI

ROUTE CODE: THEL02 — Note**: PHC - Public Health Community

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC INTIAL(S) AND SURNAME	PHC SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
THELLE	0	10:00							
Ramokonopi	9	10:25							
Palm Ridge	5	10:40							
Khumalo	3	10:50							
Tsietsi	3	11:00							
Magagula	5	11:15							
Zonkizizwe 1	5	11:30							
Zonkizizwe 2	2	11:40							
Sunrise	3	11:50							
Moleleki	2	12:00							
Voslo Ext 28	5	12:15							
Jabulani Dumani	3	12:25							
THELLE	**2**	**12:30**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
THELLE	0	13:00							
TAMBO	20	13:30							
Ramokonopi	25	14:00							
Palm Ridge	5	14:15							
Khumalo	3	14:25							
Tsietsi	3	14:35							
Magagula	5	14:50							
Zonkizizwe 1	5	15:05							
Zonkizizwe 2	2	15:15							
Sunrise	3	15:25							
Moleleki	2	15:35							
Voslo Ext 28	5	15:50							
Jabulani Dumani	3	16:00							
THELLE	**2**	16:05							
	128						SCANNER DOCKED	YES	No

NHLS LSS/Lab : Name | Signature | Date:



NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: ..... DRIVER NAME: .....

DATE: ..... VEHICLE REG: .....

OPENING KM'S ..... CLOSING KM' .....

ROUTE NAME: THELLE MOGOERANE — TIME START 09:00

Frequency MON - FRI

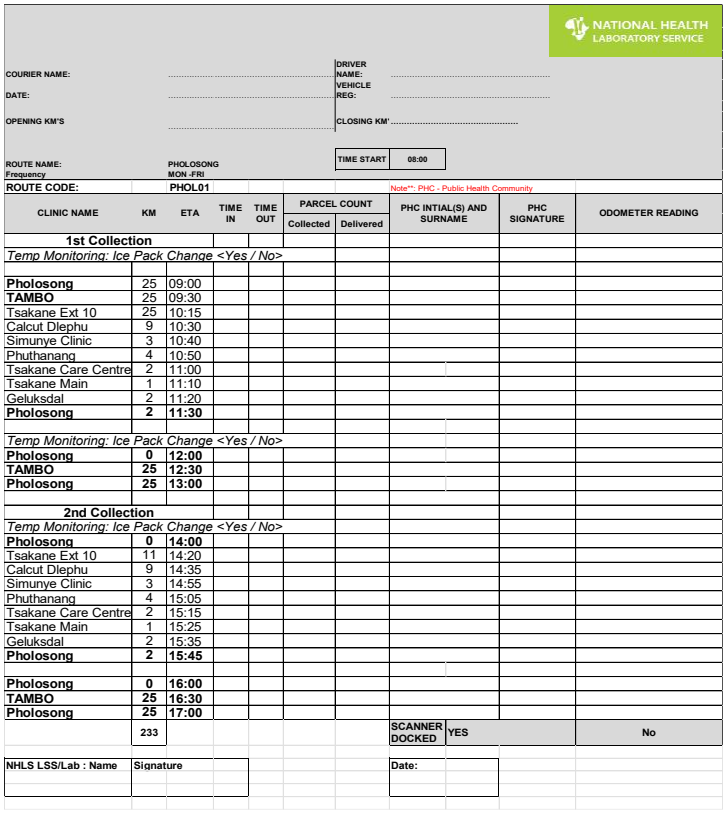
ROUTE CODE: THEM03 — Note**: PHC - Public Health Community

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC INTIAL(S) AND SURNAME	PHC SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
THELLE	**0**	**06:30**							
Heidelberg Hosp	25	07:05							
THELLE	**25**	**07:40**							
THELLE	**0**	**09:30**							
Heidelberg Hosp	25	10:05							
THELLE	**25**	**10:40**							
THELLE	**0**	**11:00**							
Rathanda Ext 7	35	11:45							
Rathanda Main	6	12:00							
Rathanda Ext 23	4	12:10							
Rensburg	3	12:20							
Heidelberg Prison	2	12:30							
Heidelberg Mun	4	12:40							
Sizanempilo	1	12:50							
Heidelberg Hosp	1	13:00							
THELLE	**25**	**13:35**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
THELLE	**0**	**14:00**							
Rathanda Ext 7	35	14:45							
Rathanda Main	6	15:00							
Rathanda Ext 23	4	15:10							
Rensburg	3	15:20							
Heidelberg Prison	2	15:30							
Heidelberg Mun	4	15:40							
Sizanempilo	1	15:50							
Heidelberg Hosp	1	16:00							
THELLE	**25**	**16:35**							
	262						SCANNER DOCKED	YES	No

NHLS LSS/Lab : Name | Signature | Date:

The trip sheets are subject to change based on operational requirements and customer requests. Such changes may result in an increase or decrease in the total kilometres travelled.

Pholosong Tripsheet(s)



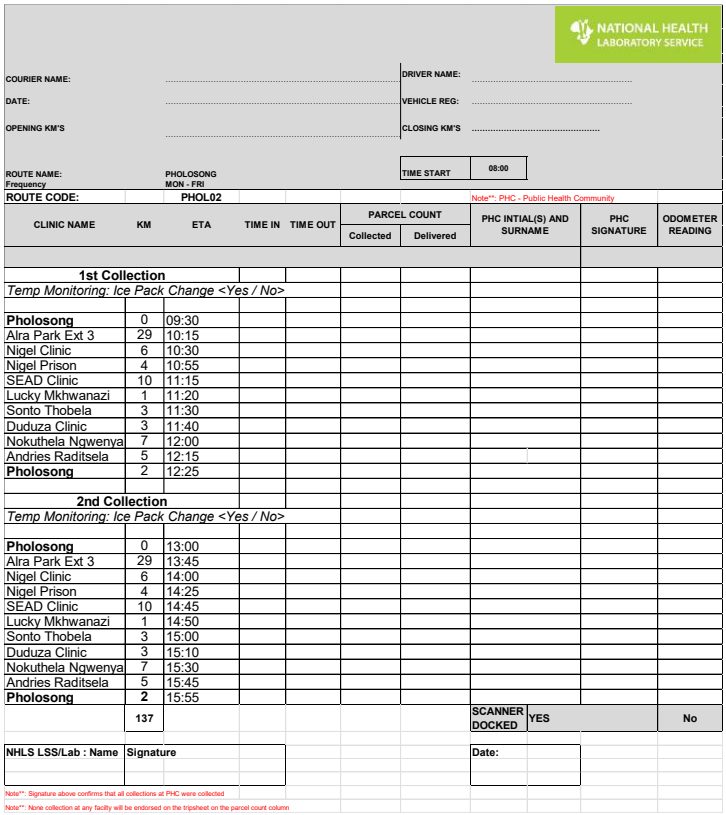
NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: .....
DRIVER NAME: .....
DATE: .....
VEHICLE REG: .....
OPENING KM'S .....
CLOSING KM' .....

ROUTE NAME: PHOLOSONG
Frequency MON -FRI
TIME START 08:00
ROUTE CODE: PHOL01
Note**: PHC - Public Health Community

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC INTIAL(S) AND SURNAME	PHC SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Pholosong	25	09:00							
TAMBO	25	09:30							
Tsakane Ext 10	25	10:15							
Calcut Dlephu	9	10:30							
Simunye Clinic	3	10:40							
Phuthanang	4	10:50							
Tsakane Care Centre	2	11:00							
Tsakane Main	1	11:10							
Geluksdal	2	11:20							
Pholosong	**2**	**11:30**							
Temp Monitoring: Ice Pack Change <Yes / No>									
Pholosong	**0**	**12:00**							
TAMBO	**25**	**12:30**							
Pholosong	**25**	**13:00**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Pholosong	**0**	**14:00**							
Tsakane Ext 10	11	14:20							
Calcut Dlephu	9	14:35							
Simunye Clinic	3	14:55							
Phuthanang	4	15:05							
Tsakane Care Centre	2	15:15							
Tsakane Main	1	15:25							
Geluksdal	2	15:35							
Pholosong	**2**	**15:45**							
Pholosong	**0**	**16:00**							
TAMBO	**25**	**16:30**							
Pholosong	**25**	**17:00**							
	233						SCANNER DOCKED	YES	No

NHLS LSS/Lab : Name	Signature	Date:



NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: .....
DRIVER NAME: .....
DATE: .....
VEHICLE REG: .....
OPENING KM'S .....
CLOSING KM'S .....

ROUTE NAME: PHOLOSONG
Frequency MON - FRI
TIME START 08:00
ROUTE CODE: PHOL02
Note**: PHC - Public Health Community

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC INTIAL(S) AND SURNAME	PHC SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Pholosong	0	09:30							
Alra Park Ext 3	29	10:15							
Nigel Clinic	6	10:30							
Nigel Prison	4	10:55							
SEAD Clinic	10	11:15							
Lucky Mkhwanazi	1	11:20							
Sonto Thobela	3	11:30							
Duduza Clinic	3	11:40							
Nokuthela Ngwenya	7	12:00							
Andries Raditsela	5	12:15							
Pholosong	2	12:25							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Pholosong	0	13:00							
Alra Park Ext 3	29	13:45							
Nigel Clinic	6	14:00							
Nigel Prison	4	14:25							
SEAD Clinic	10	14:45							
Lucky Mkhwanazi	1	14:50							
Sonto Thobela	3	15:00							
Duduza Clinic	3	15:10							
Nokuthela Ngwenya	7	15:30							
Andries Raditsela	5	15:45							
Pholosong	**2**	15:55							
	137						SCANNER DOCKED	YES	No

NHLS LSS/Lab : Name	Signature	Date:

Note**: Signature above confirms that all collections at PHC were collected
Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

The trip sheets are subject to change based on operational requirements and customer requests. Such changes may result in an increase or decrease in the total kilometres travelled.

Tembisa Trip sheet(s)

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: ..... DRIVER NAME: .....

DATE: ..... VEHICLE REG: .....

OPENING KM'S ..... CLOSING KM' .....

ROUTE NAME: TEMBISA TIME START 09:00

Frequency MON -FRI

ROUTE CODE: TEMB02 Note**: PHC - Public Health Community

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC INTIAL(S) AND SURNAME	PHC SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
TEMBISA	**0**	**10:00**							
TAMBO	**33**	**10:45**							
Bonaero Park	14	11:05							
Spartan	7	11:20							
Kempton Park Civic	2	11:30							
Birchleigh South	5	11:45							
Birchleigh North	3	11:55							
TEMBISA	**11**	**12:15**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
TEMBISA	**0**	**13:00**							
TAMBO	**33**	**13:45**							
Bonaero Park	14	14:05							
Spartan	7	14:20							
Kempton Park Civic	2	14:30							
Birchleigh South	5	14:45							
Birchleigh North	3	14:55							
TEMBISA	**11**	**15:15**							
TEMBISA	**0**	**15:30**							
TAMBO	**33**	**16:15**							
TEMBISA	**33**	**17:00**							
	217						**SCANNER DOCKED**	**YES**	**No**

NHLS LSS/Lab : Name	Signature	Date:

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: ..... DRIVER NAME: .....

DATE: ..... VEHICLE REG: .....

OPENING KM'S ..... CLOSING KM'S .....

ROUTE NAME: NHLS TEMBISA TIME START 08:00

Frequency MON -FRI

ROUTE CODE: TEMB01

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	INTIAL(S) AND SURNAME	SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
TEMBISA	**0**	**08:30**							
Olifantsfontein	4	10:30							
Mpumelelo	5	10:40							
Hikhensile	1	10:45							
Erin	2	10:50							
Tembisa Main	2	11:00							
Tembisa Health Centre	1	11:05							
Winnie Mandela	2	11:15							
Endayeni	2	11:25							
Ethafeni	3	11:35							
Esagweni	2	11:45							
TEMBISA	9	12:00							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
TEMBISA	0	15:00							
Olifantsfontein	4	15:15							
Mpumelelo	5	15:30							
Hikhensile	1	15:35							
Erin	2	15:40							
Tembisa Main	2	15:45							
Tembisa Health Central	1	15:50							
Winnie Mandela	2	16:00							
Endayeni	2	16:10							
Ethafeni	3	16:20							
Esagweni	2	16:30							
TEMBISA	**9**	**16:45**							
	63						**SCANNER DOCKED**	**YES**	**No**

NHLS LSS : Name	Signature	Date:

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: .....
DRIVER NAME: .....
DATE: .....
VEHICLE REG: .....
OPENING KM'S .....
CLOSING KM' .....
ROUTE NAME: TEMBISA
TIME START 18:00
Frequency MON -SUN
ROUTE CODE: TEMB03
Note**: PHC - Public Health Community

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC INTIAL(S) AND SURNAME	PHC SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
TEMBISA	**0**	**18:00**							
Ethafeni	11	18:20							
Esangweni	6	18:35							
TEMBISA	**9**	**18:40**							
TEMBISA	**0**	**19:00**							
TAMBO	**33**	**19:45**							
TAD	**62**	**21:05**							
TEMBISA	**33**	**21:50**							
Temp Monitoring: Ice Pack Change <Yes / No>									
TEMBISA	**0**	**22:30**							
TAMBO	**33**	**23:15**							
TAD	**62**	**00:35**							
TEMBISA	**33**	**01:20**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
TEMBISA	**0**	**02:30**							
TAMBO	**33**	**03:15**							
TAD	**62**	**04:35**							
TEMBISA	**33**	**05:20**							
	410						**SCANNER DOCKED**	**YES**	**No**

NHLS LSS/Lab : Name	Signature	Date:

Note**: Signature above confirms that all collections at PHC were collected
Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: .....
DRIVER NAME: .....
DATE: .....
VEHICLE REG: .....
OPENING KM'S .....
CLOSING KM' .....
ROUTE NAME: TEMBISA
TIME START 18:00
Frequency SAT
ROUTE CODE: TEMB04
Note**: PHC - Public Health Community

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC INTIAL(S) AND SURNAME	PHC SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
TEMBISA	**0**	**09:00**							
Ethafeni	11	09:20							
Esangweni	6	09:35							
TEMBISA	**9**	**09:50**							
TEMBISA	**0**	**10:00**							
TAMBO	**33**	**10:45**							
TAD	**62**	**12:05**							
TEMBISA	**33**	**12:50**							
Temp Monitoring: Ice Pack Change <Yes / No>									
Tembisa Lab	**0**	**13:00**							
Kempton Park	16	13:25							
Hikhensile	16	13:50							
Winnie Mandela	4	14:00							
Mpumelelo	3	14:10							
Ethafeni	8	14:25							
Esangweni	6	14:40							
Tembisa Lab	**9**	**14:55**							
TEMBISA	**0**	**15:30**							
TAMBO	**33**	**16:15**							
TAD	**62**	**17:15**							
TEMBISA	**33**	**18:00**							
	344						**SCANNER DOCKED**	**YES**	**No**

NHLS LSS/Lab : Name	Signature	Date:

Note**: Signature above confirms that all collections at PHC were collected
Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: ..... DRIVER NAME: .....

DATE: ..... VEHICLE REG: .....

OPENING KM'S ..... CLOSING KM' .....

ROUTE NAME: TEMBISA TIME START 18:00

Frequency SUN/PUB

ROUTE CODE: TEMB05 Note**: PHC - Public Health Community

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT		PHC INTIAL(S) AND SURNAME	PHC SIGNATURE	ODOMETER READING
					Collected	Delivered			
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
TEMBISA	**0**	**09:00**							
Ethafeni	11	09:20							
Esangweni	6	09:35							
TEMBISA	**9**	**09:50**							
TEMBISA	**0**	**10:00**							
TAMBO	**33**	**10:45**							
TAD	**62**	**12:05**							
TEMBISA	**33**	**12:50**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
TEMBISA	**0**	**13:30**							
TAMBO	**33**	**14:15**							
TAD	**62**	**15:35**							
Ethafeni	44	16:20							
Esangweni	6	16:35							
TEMBISA	**9**	**16:40**							
	307						**SCANNER DOCKED**	**YES**	**No**

NHLS LSS/Lab : Name	Signature	Date:

Note**: Signature above confirms that all collections at PHC were collected

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

The trip sheets are subject to change based on operational requirements and customer requests. Such changes may result in an increase or decrease in the total kilometres travelled.

Mamelodi Tripsheet(s)

COURIER NAME:		DRIVER NAME:	
DATE:		VEHICLE REG:	
OPENING KM'S		CLOSING KM'	
ROUTE NAME:	MAM02	TIME START	17:00
Frequency	Mon - Sun & Pub (Night)		

ROUTE CODE: MAM02 — Note**: PHC - Public Health Community Facility

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Mamelodi	**0**	**18:00-18:30**							
NHLS SBAH	18	19:00							
Bronkhorspruit	56	20:00							
Mamelodi	44	20:45							
NHLS SBAH	19	21:15							
Mamelodi	**18**	**21:45**							
Mamelodi	**0**	**22:15**							
NHLS SBAH	18	22:45							
Mamelodi	**19**	**23:15**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Mamelodi	**0**	**23:45**							
NHLS SBAH	18	00:15							
Mamelodi	**19**	**00:45**							
Mamelodi	**0**	**01:15**							
NHLS SBAH	18	01:45							
Mamelodi	**19**	**02:15**							
Mamelodi	**0**	**02:45**							
NHLS SBAH	18	03:15							
Bronkhorspruit	56	04:15							
Mamelodi	44	05:00							
NHLS SBAH	19	05:30							
Mamelodi	**18**	**06:00**							
	421						SCANNER DOCKED	YES	No

NHLS Lab Staff : Name	Signature	Date:

Note**: Signature above confirms that all collections/deliveries at PHC were done

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME:		DRIVER NAME:	
DATE:		VEHICLE REG:	
OPENING KM'S		CLOSING KM'	
ROUTE NAME:	MAM01	TIME START	09:00
Frequency	Mon - Fri		

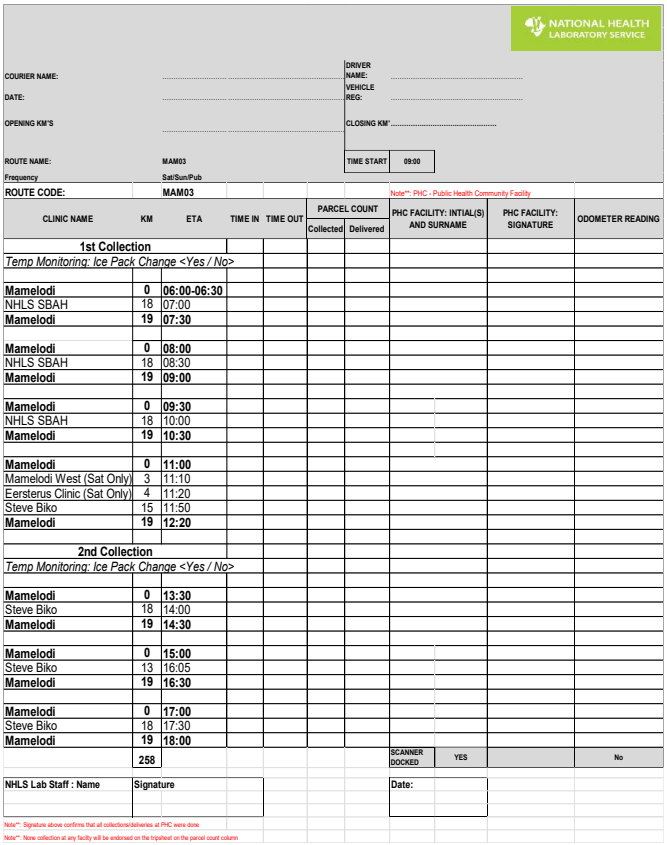
ROUTE CODE: MAM01 — Note**: PHC - Public Health Community Facility

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Mamelodi	**0**	**06:00-06:30**							
NHLS SBAH	18	07:00							
Mamelodi	**19**	**07:30**							
Mamelodi	**0**	**08:00**							
NHLS SBAH	18	08:30							
Mamelodi	**19**	**09:00**							
Mamelodi	**0**	**09:30**							
NHLS SBAH	18	10:00							
Mamelodi	**19**	**10:30**							
Mamelodi	**0**	**11:00**							
Mamelodi West	3	11:10							
Eersterus Clinic	4	11:20							
Silverton Clinic	7	11:35							
Steve Biko	13	12:05							
Mamelodi	**19**	**13:00**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Mamelodi	**0**	**13:30**							
Steve Biko	18	14:00							
Mamelodi	**19**	**14:30**							
Mamelodi	**0**	**15:00**							
Mamelodi West	3	15:10							
Eersterus Clinic	4	15:20							
Silverton Clinic	7	15:35							
Steve Biko	13	16:05							
Mamelodi	**19**	**16:30**							
Mamelodi	**0**	**17:00**							
Steve Biko	18	17:30							
Mamelodi	**19**	**18:00**							
	277						SCANNER DOCKED	YES	No

NHLS Lab Staff : Name	Signature	Date:

Note**: Signature above confirms that all collections/deliveries at PHC were done

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column



COURIER NAME: ..... DRIVER NAME: .....

DATE: ..... VEHICLE REG: .....

OPENING KM'S ..... CLOSING KM' .....

ROUTE NAME: MAM03 TIME START 09:00

Frequency Sat/Sun/Pub

ROUTE CODE: MAM03

Note**: PHC - Public Health Community Facility

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Mamelodi	**0**	**06:00-06:30**							
NHLS SBAH	18	07:00							
Mamelodi	**19**	**07:30**							
Mamelodi	**0**	**08:00**							
NHLS SBAH	18	08:30							
Mamelodi	**19**	**09:00**							
Mamelodi	**0**	**09:30**							
NHLS SBAH	18	10:00							
Mamelodi	**19**	**10:30**							
Mamelodi	**0**	**11:00**							
Mamelodi West (Sat Only)	3	11:10							
Eersterus Clinic (Sat Only)	4	11:20							
Steve Biko	15	11:50							
Mamelodi	**19**	**12:20**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Mamelodi	**0**	**13:30**							
Steve Biko	18	14:00							
Mamelodi	**19**	**14:30**							
Mamelodi	**0**	**15:00**							
Steve Biko	13	16:05							
Mamelodi	**19**	**16:30**							
Mamelodi	**0**	**17:00**							
Steve Biko	18	17:30							
Mamelodi	**19**	**18:00**							
	258						SCANNER DOCKED	YES	No

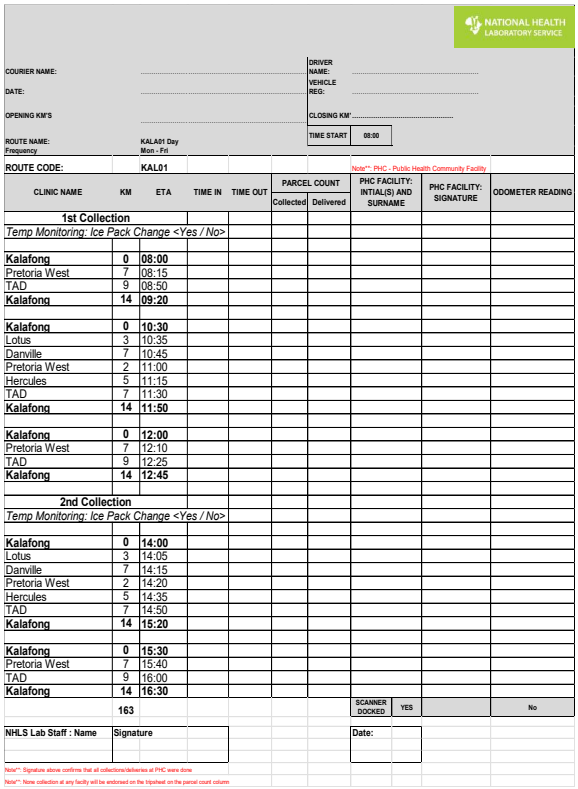
NHLS Lab Staff : Name ..... Signature ..... Date: .....

Note**: Signature above confirms that all collections/deliveries at PHC were done

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

The trip sheets are subject to change based on operational requirements and customer requests. Such changes may result in an increase or decrease in the total kilometres travelled.

Kalafong Trip sheet(s)



COURIER NAME: ..... DRIVER NAME: .....

DATE: ..... VEHICLE REG: .....

OPENING KM'S ..... CLOSING KM' .....

ROUTE NAME: KALA01 Day TIME START 08:00

Frequency Mon - Fri

ROUTE CODE: KAL01

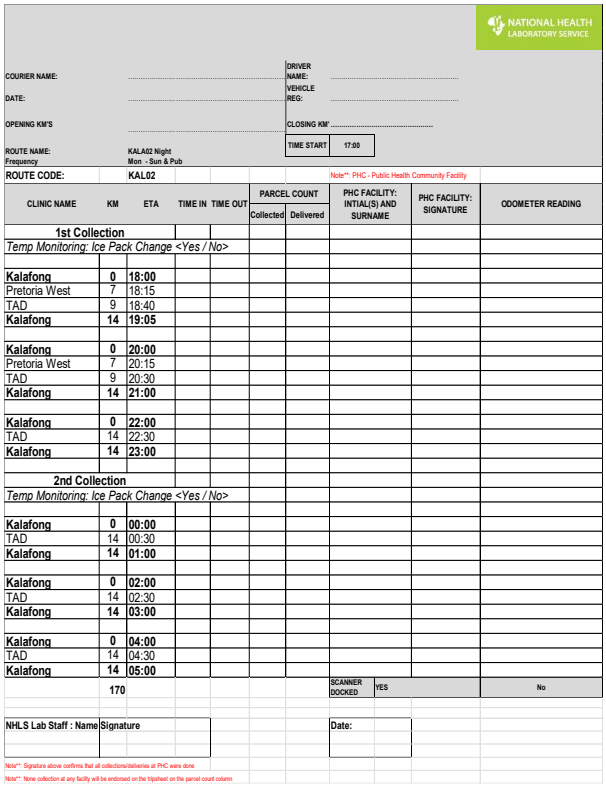
Note**: PHC - Public Health Community Facility

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Kalafong	**0**	**08:00**							
Pretoria West	7	08:15							
TAD	9	08:50							
Kalafong	**14**	**09:20**							
Kalafong	**0**	**10:30**							
Lotus	3	10:35							
Danville	7	10:45							
Pretoria West	2	11:00							
Hercules	5	11:15							
TAD	7	11:30							
Kalafong	**14**	**11:50**							
Kalafong	**0**	**12:00**							
Pretoria West	7	12:10							
TAD	9	12:25							
Kalafong	**14**	**12:45**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Kalafong	**0**	**14:00**							
Lotus	3	14:05							
Danville	7	14:15							
Pretoria West	2	14:20							
Hercules	5	14:35							
TAD	7	14:50							
Kalafong	**14**	**15:20**							
Kalafong	**0**	**15:30**							
Pretoria West	7	15:40							
TAD	9	16:00							
Kalafong	**14**	**16:30**							
	163						SCANNER DOCKED	YES	No

NHLS Lab Staff : Name ..... Signature ..... Date: .....

Note**: Signature above confirms that all collections/deliveries at PHC were done

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column



NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: .....
DATE: .....
OPENING KM'S .....
ROUTE NAME: KALA02 Night
Frequency Mon - Sun & Pub
ROUTE CODE: KAL02

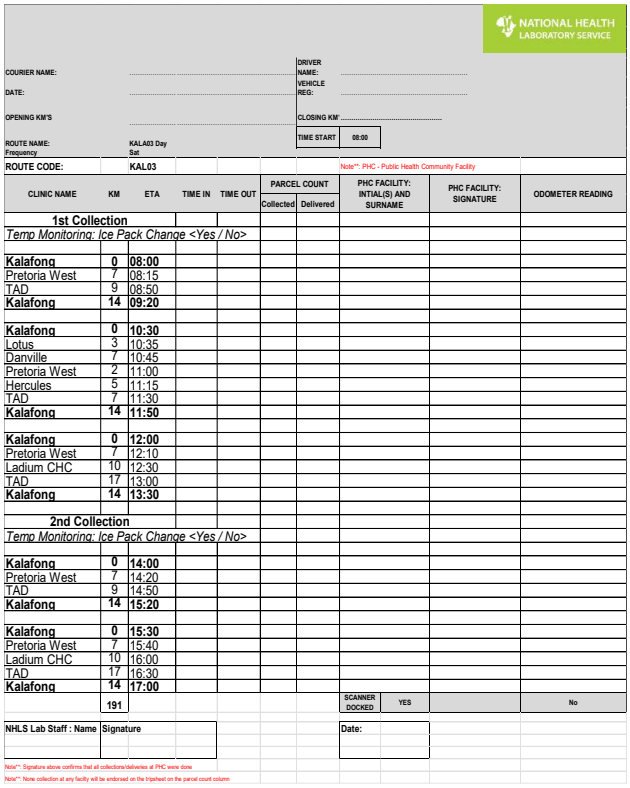
DRIVER NAME: .....
VEHICLE REG: .....
CLOSING KM' .....
TIME START 17:00

Note**: PHC - Public Health Community Facility

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Kalafong	**0**	**18:00**							
Pretoria West	7	18:15							
TAD	9	18:40							
Kalafong	**14**	**19:05**							
Kalafong	**0**	**20:00**							
Pretoria West	7	20:15							
TAD	9	20:30							
Kalafong	**14**	**21:00**							
Kalafong	**0**	**22:00**							
TAD	14	22:30							
Kalafong	**14**	**23:00**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Kalafong	**0**	**00:00**							
TAD	14	00:30							
Kalafong	**14**	**01:00**							
Kalafong	**0**	**02:00**							
TAD	14	02:30							
Kalafong	**14**	**03:00**							
Kalafong	**0**	**04:00**							
TAD	14	04:30							
Kalafong	**14**	**05:00**							
	170						SCANNER DOCKED	YES	No

NHLS Lab Staff : Name Signature Date:

Note**: Signature above confirms that all collections/deliveries at PHC were done
Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column



NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: .....
DATE: .....
OPENING KM'S .....
ROUTE NAME: KALA03 Day
Frequency Sat
ROUTE CODE: KAL03

DRIVER NAME: .....
VEHICLE REG: .....
CLOSING KM' .....
TIME START 08:00

Note**: PHC - Public Health Community Facility

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Kalafong	**0**	**08:00**							
Pretoria West	7	08:15							
TAD	9	08:50							
Kalafong	**14**	**09:20**							
Kalafong	**0**	**10:30**							
Lotus	3	10:35							
Danville	7	10:45							
Pretoria West	2	11:00							
Hercules	5	11:15							
TAD	7	11:30							
Kalafong	**14**	**11:50**							
Kalafong	**0**	**12:00**							
Pretoria West	7	12:10							
Ladium CHC	10	12:30							
TAD	17	13:00							
Kalafong	**14**	**13:30**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Kalafong	**0**	**14:00**							
Pretoria West	7	14:20							
TAD	9	14:50							
Kalafong	**14**	**15:20**							
Kalafong	**0**	**15:30**							
Pretoria West	7	15:40							
Ladium CHC	10	16:00							
TAD	17	16:30							
Kalafong	**14**	**17:00**							
	191						SCANNER DOCKED	YES	No

NHLS Lab Staff : Name Signature Date:

Note**: Signature above confirms that all collections/deliveries at PHC were done
Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

The trip sheets are subject to change based on operational requirements and customer requests. Such changes may result in an increase or decrease in the total kilometres travelled.

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME:	.....	DRIVER NAME:	.....
DATE:	.....	VEHICLE REG:	.....
OPENING KM'S	.....	CLOSING KM'	.....
ROUTE NAME: Frequency	KALA04 Day Sun & Pub	TIME START	08:00
ROUTE CODE:	KAL04	Note**: PHC - Public Health Community Facility	

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT		PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
					Collected	Delivered			
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Kalafong	**0**	**08:30**							
Pretoria West	7	09:05							
TAD	9	08:50							
Kalafong	**14**	**09:20**							
Kalafong	**0**	**10:30**							
Pretoria West	7	11:00							
TAD	9	11:15							
Kalafong	**14**	**11:30**							
Kalafong	**0**	**12:30**							
Pretoria West	7	12:45							
Ladium CHC	10	12:05							
TAD	17	12:30							
Kalafong	**14**	**13:30**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Kalafong	**0**	**14:30**							
Pretoria West	7	00:00							
TAD	9	15:15							
Kalafong	**14**	**15:30**							
Kalafong	**0**	**16:00**							
Pretoria West	7	16:15							
Ladium CHC	10	16:35							
TAD	17	17:00							
Kalafong	**14**	**17:30**							
	184						SCANNER DOCKED	YES	No

NHLS Lab Staff : Name	Signature	Date:

Note**: Signature above confirms that all collections/deliveries at PHC were done

Note**: None collection at any facilty will be endorsed on the tripsheet on the parcel count column

The trip sheets are subject to change based on operational requirements and customer requests. Such changes may result in an increase or decrease in the total kilometres travelled.

Jubilee Trip sheet(s)

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: .....
DATE: .....
OPENING KM'S .....
DRIVER NAME: .....
VEHICLE REG: .....
CLOSING KM'S .....
TIME START 11:00
ROUTE NAME: JUB02
Frequency Mon - Fri
ROUTE CODE: JUB02

Note**: PHC - Public Health Community Facility

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Jubilee	**0**	**12:00**							
Lesedi	4	12:10							
Lefatlheng	23	12:40							
Mathibestad	4	12:50							
Thulwe	13	13:10							
Maubane	26	13:40							
Ramotse	9	13:55							
Kekana Gardens	12	14:15							
Mandisa	5	14:25							
Adelaide Tambo	27	14:55							
Jubilee	**23**	**15:25**							
	145						SCANNER DOCKED	YES	No

NHLS Lab Staff : Name Signature Date:

Note**: Signature above confirms that all collections/deliveries at PHC were done

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: .....
DATE: .....
OPENING KM'S .....
DRIVER NAME: .....
VEHICLE REG: .....
CLOSING KM'S .....
TIME START 10:00
ROUTE NAME: JUB01
Frequency Mon - Fri
ROUTE CODE: JUB01

Note**: PHC - Public Health Community Facility

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Jubilee	**0**	**11:30**							
Rekopantswe	10	11:45							
Ga-Motla	5	11:55							
Ratjiepane	28	12:25							
Mpho Ya Batho	5	12:35							
Mogogelo	18	12:55							
Eersterus	7	13:10							
Refentse	3	13:20							
Dilopye	5	13:30							
Suurman	4	13:40							
Kekanastad	7	13:55							
Gateway	6	14:10							
Jubilee	**1**	**14:15**							
	99						SCANNER DOCKED	YES	No

NHLS Lab Staff : Name Signature Date:

Note**: Signature above confirms that all collections/deliveries at PHC were done

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: ..... DRIVER NAME: .....

DATE: ..... VEHICLE REG: .....

OPENING KM'S ..... CLOSING KM'S .....

ROUTE NAME: JUB03 TIME START 10:00

Frequency Mon - Fri

ROUTE CODE: JUB03 Note**: PHC - Public Health Community Facility

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT		PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
					Collected	Delivered			
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Jubilee	**0**	**09:00**							
Kutlwanong	48	10:00							
Ngobi	17	10:30							
Kgomo Kgomo	17	11:00							
Ruigtesloot	34	11:45							
Lebotloane	10	12:15							
GA-Habedi	22	12:45							
Moretele	7	13:00							
Dikebu	1	13:10							
Tladistad	15	13:30							
Makapanstad	10	13:45							
Bosplaas	9	14:15							
Temba	8	14:30							
Jubilee	**4**	**14:45**							
	201						**SCANNER DOCKED**	**YES**	**No**

NHLS Lab Staff : Name	Signature			Date:	

Note**: Signature above confirms that all collections/deliveries at PHC were done

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

The trip sheets are subject to change based on operational requirements and customer requests. Such changes may result in an increase or decrease in the total kilometres travelled.

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME:	.....	DRIVER NAME:	.....
DATE:	.....	VEHICLE REG:	.....
OPENING KM'S	.....	CLOSING KM'S	.....
ROUTE NAME:	JUB04	TIME START	13:00
Frequency	Mon - Fri		
ROUTE CODE:	JUB04		

Note**: PHC - Public Health Community Facility

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT		PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
					Collected	Delivered			
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Jubilee	**0**	**14:00**	**13:00**						
Kutlwanong	50	14:35	**14:00**						
Mathibestad	46	15:00	**15:00**						
Makapanstad	11	15:15	**15:20**						
Moretele	19	15:30	**15:45**						
Dikebu	6	16:00	**16:00**						
Rekopantswe	18	16:30	**16:30**						
Refentse	22	17:00	**17:00**						
Temba	11	17:25	**17:20**						
Jubilee	**6**	**17:40**	**17:30**						
	189						**SCANNER DOCKED**	**YES**	**No**

NHLS Lab Staff : Name	**Signature**	**Date:**

Note**: Signature above confirms that all collections/deliveries at PHC were done

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME:	.....	DRIVER NAME:	.....
DATE:	.....	VEHICLE REG:	.....
OPENING KM'S	.....	CLOSING KM'S	.....
ROUTE NAME:	JUB07	TIME START	10:00
Frequency	Sat, Sun, Pub		
ROUTE CODE:	JUB06		

Note**: PHC - Public Health Community Facility

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Jubilee	0	08:00							
ODI	44	09:00							
DGM	17	09:30							
Jubilee	45	10:30							
Jubilee	**0**	**11:00**							
Kutlwanong	50	12:00							
Mathibestad	46	12:30							
Makapanstad	11	12:40							
Moretele	19	13:00							
Dikebu	6	13:25							
Rekopantswe	18	14:30							
Refentse	22	15:10							
Temba	11	15:35							
Jubilee	**6**	**15:55**							
	295						SCANNER DOCKED	YES	No

NHLS Lab Staff : Name	Signature	Date:

Note**: Signature above confirms that all collections/deliveries at PHC were done

Note**: None collection at any facilty will be endorsed on the tripsheet on the parcel count column

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME:	.....	DRIVER NAME:	.....
DATE:	.....	VEHICLE REG:	.....
OPENING KM'S	.....	CLOSING KM'	.....
ROUTE NAME:	JUB07	TIME START	08:00
Frequency	Mon-Sun		
ROUTE CODE:	JUB07		

Note**: PHC - Public Health Community Facility

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
Jubilee	**0**	**18:00**							
ODI	**44**	**19:00**							
DGM	17	19:30							
TAD	31	20:00							
DGM	30	20:30							
DGM	0	21:30							
TAD	31	22:00							
DGM	30	22:30							
DGM	0	23:30							
TAD	31	00:00							
DGM	30	00:30							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
DGM	0	01:30							
TAD	31	02:00							
Jubilee	**44**	**03:00**							
DGM	56	04:00							
TAD	31	04:30							
Jubilee	**41**	**05:00**							
	447								
							SCANNER DOCKED	YES	No

NHLS Lab Staff : Name	Signature	Date:

Note**: Signature above confirms that all collections/deliveries at PHC were done

Note**: None collection at any facilty will be endorsed on the tripsheet on the parcel count column

The trip sheets are subject to change based on operational requirements and customer requests. Such changes may result in an increase or decrease in the total kilometres travelled

Dr George Mukhari Academic Trip sheet(s)

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: .....

DATE: .....

OPENING KM'S .....

DRIVER NAME: .....

VEHICLE REG: .....

CLOSING KM' .....

ROUTE NAME: DGM01

Frequency Mon - Fri

TIME START 08:00

ROUTE CODE: DGM01

Note**: PHC - Public Health Community Facility

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT		PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
					Collected	Delivered			
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
DGM Laboratory	**0**	**10:00**							
Mothotlung	17	10:25							
Hoekfontein (Mmakau)	7	10:40							
Garankuwa view	13	11:00							
Phedisong 4	8	11:15							
Phedisong 6	3	11:25							
Phedisong 1	4	11:35							
DGM Laboratory	**3**	**11:45**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
DGM Laboratory	**0**	**12:30**							
Soshanguve Block JJ	23	13:05							
Boikhutsong	5	13:20							
Soshanguve CHC	7	13:40							
Soshanguve Block X	2	13:50							
Soshanguve 2	3	14:00							
KT Motubatse	4	14:15							
Maria Rantho/ Sosh L	4	14:30							
Sosanguve Block TT	6	14:45							
Rosslyn	9	15:00							
Jack Hindon	10	15:15							
Karen Park	8	15:30							
DGM Laboratory	**15**	**16:00**							
	150						SCANNER DOCKED	YES	No

NHLS Lab Staff : Name	Signature	Date:

Note**: Signature above confirms that all collections/deliveries at PHC were done

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: ..... DRIVER NAME: .....

DATE: ..... VEHICLE REG: .....

OPENING KM'S ..... CLOSING KM' .....

ROUTE NAME: Frequency: DGM02 Mon - Fri — TIME START: 08:00

ROUTE CODE: DGM02 — Note**: PHC - Public Health Community Facility

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
DGM Laboratory	**0**	**10:00**							
Soshanguve Block JJ	23	10:30							
Boikhutsong	5	10:40							
Soshanguve CHC	7	10:55							
Soshanguve Block X	2	11:05							
Soshanguve 2	3	11:15							
KT Motubatse	4	11:25							
Maria Rantho/ Sosh L	4	11:35							
Soshanguve Block TT	6	11:40							
Rosslyn	9	12:00							
Jack Hindon	10	12:20							
Karen Park	8	12:40							
DGM Laboratory	**15**	**13:05**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
DGM Laboratory	**0**	**13:30**							
Mothotlung	17	14:00							
Hoekfontein (Mmakua	7	14:20							
Garankuwa view	13	14:40							
Phedisong 4	8	15:00							
Phedisong 6	3	15:10							
Phedisong 1	4	15:20							
DGM Laboratory	**2**	15:30							
	150						SCANNER DOCKED	YES	No

NHLS Lab Staff : Name | Signature | Date:

Note**: Signature above confirms that all collections/deliveries at PHC were done

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: ..... DRIVER NAME: .....

DATE: ..... VEHICLE REG: .....

OPENING KM'S ..... CLOSING KM' .....

ROUTE NAME: Frequency: DGM03 Mon - Fri — TIME START: 08:00

ROUTE CODE: DGM03 — Note**: PHC - Public Health Community Facility

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
DGM Laboratory	**0**	**10:00**							
Tlamelong	16	10:30							
Boekenhout	3	10:40							
Sedilega	4	10:55							
ODI Prison	2	11:00							
Kgabo CHC	5	11:15							
Mercy Winterveldt	7	11:30							
Zamile	7	11:45							
Madidi	8	12:05							
Ikhutseng	7	12:20							
Refentse	3	12:30							
Hebron	9	12:50							
DGM Laboratory	**13**	**13:15**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
DGM Laboratory	**0**	**13:30**							
Tlamelong	4	13:45							
Boekenhout	3	13:55							
Sedilega	4	14:10							
ODI Prison	2	14:20							
Kgabo CHC	5	14:35							
Mercy Winterveldt	7	14:50							
Zamile	7	15:05							
Madidi	8	15:20							
Ikhutseng	7	15:45							
Refentse	3	15:55							
Hebron	9	16:15							
DGM Laboratory	**13**	**16:30**							
	153						SCANNER DOCKED	YES	No

NHLS Lab Staff : Name | Signature | Date:

Note**: Signature above confirms that all collections/deliveries at PHC were done

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

The trip sheets are subject to change based on operational requirements and customer requests. Such changes may result in an increase or decrease in the total kilometres travelled.

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME:	.....	DRIVER NAME:	.....
DATE:	.....	VEHICLE REG:	.....
OPENING KM'S	.....	CLOSING KM'	.....
		TIME START	08:00
ROUTE NAME: Frequency	DGM04 Sat, Sun & Pub		
ROUTE CODE:	DGM04	Note**: PHC - Public Health Community Facility	

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
DGM Laboratory	**0**	**10:00**							
TAD	31	10:30							
KT Mutubatse	28	11:00							
Shoshanguve CHC	15	11:25							
ODI	12	12:00							
Kgabo Clinic	10	12:25							
Phedisong 4	14	13:00							
DGM Laboratory	**6**	**13:20**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
DGM Laboratory	**0**	**14:00**							
Jubilee	48	15:00							
TAD	42	16:00							
DGM Laboratory	**30**	**17:00**							
	236						SCANNER DOCKED	YES	No

NHLS Lab Staff : Name	Signature			Date:			

Note**: Signature above confirms that all collections/deliveries at PHC were done

Note**: None collection at any facilty will be endorsed on the tripsheet on the parcel count column

The trip sheets are subject to change based on operational requirements and customer requests. Such changes may result in an increase or decrease in the total kilometres travelled.

Steve Biko Academic Trip sheet(s)

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: .....
DATE: .....
OPENING KM'S .....
DRIVER NAME: .....
VEHICLE REG: .....
CLOSING KM*: .....
TIME START 09:00

ROUTE NAME: TAD02
Frequency Mon

ROUTE CODE: TAD02

Note**: PHC - Public Health Community Facility

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
NHLS SBAH	**0**	**09:00**							
Laudium Clinic	15	10:00							
Laudium CHC	3	10:10							
Eldoraigne Clinic	13	10:25							
Olievenhoutbosch Clinic	12	10:45							
Rooihuiskraal Clinic	9	11:05							
Lyttleton Clinic	13	11:20							
Pierre Van Ryneveld	7	11:35							
Pretoruis Park Clinic	12	11:50							
NHLS SBAH	**20**	**12:20**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
NHLS SBAH	**0**	**12:30**							
1 Military Hospital	9	12:50							
Attridgeville Prison	6	13:05							
Laudium Clinic	2	13:15							
Laudium CHC	3	13:25							
Eldoraigne Clinic	13	13:45							
Olievenhoutbosch Clinic	13	14:05							
Rooihuiskraal Clinic	9	14:20							
Lyttleton Clinic	12	14:35							
Pierre Van Ryneveld	12	14:50							
Pretoruis Park Clinic	12	15:10							
NHLS SBAH	**20**	**15:30**							
	215						SCANNER DOCKED	YES	No

NHLS LSS/Lab : Name	Signature	Date:

Note**: Signature above confirms that all collections at PHC were collected

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: .....
DATE: .....
OPENING KM'S .....
DRIVER NAME: .....
VEHICLE REG: .....
CLOSING KM'S .....
TIME START 09:00

ROUTE NAME: TAD01
Frequency Mon, Wed, Fri

ROUTE CODE: TAD01

Note**: PHC - Public Health Community Facility

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
NHLS SBAH	**0**	**10:00**							
Bophelong Clinic	20	10:25							
Phomolong Clinic	2	10:30							
Gazankulu Clinic	2	10:40							
Saulsville Clinic	1	10:50							
Attridgeville Clinic	2	11:00							
Weskoppies Hospital	13	11:30							
NHLS SBAH	**7**	**11:50**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
NHLS SBAH	**0**	**12:30**							
Bophelong Clinic	20	13:00							
Phomolong Clinic	2	13:10							
Gazankulu Clinic	2	13:20							
Saulsville Clinic	1	13:30							
Attridgeville Clinic	2	13:40							
Weskoppies Hospital	13	14:00							
NHLS SBAH	**7**	**14:20**							
NHLS SBAH	**0**	**14:30**							
Kgosi Mampuru Max	3	15:00							
Kgosi Mampuru Mediu	1	15:10							
Kgosi Mampuru Femal	1	15:20							
Kgosi Mampuru Hospit	1	15:30							
NHLS SBAH	**6**	**16:00**							
	106						SCANNER DOCKED	YES	No

NHLS Lab Staff : Name	Signature	Date:

Note**: Signature above confirms that all collections/deliveries at PHC were done

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME:	.....	DRIVER NAME:	.....
DATE:	.....	VEHICLE REG:	.....
OPENING KM'S	.....	CLOSING KM'	.....
ROUTE NAME:	TAD03	TIME START	09:00
Frequency	Mon-Fri		
ROUTE CODE:	TAD03	Note**: PHC - Public Health Community Facility	

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
NHLS SBAH	**0**	**10:00**							
Nellmapius Clinic	7	10:20							
Stanza Bopape 2	3	10:35							
Phahameng Clinic	4	10:50							
Holani Clinic	4	11:05							
Stanza Bopape CHC	4	11:20							
East Lynne Clinic	4	11:35							
Folang	16	12:15							
FF Ribeiro Clinic	3	12:30							
NHLS SBAH	**3**	**12:45**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
NHLS SBAH	**0**	**13:00**							
Nellmapius Clinic	7	13:20							
Stanza Bopape 2	3	13:35							
Phahameng Clinic	4	13:50							
Holani Clinic	4	14:05							
Stanza Bopape CHC	4	14:20							
East Lynne Clinic	4	14:35							
Folang	16	15:15							
FF Ribeiro Clinic	3	15:30							
Access Chapter 2	1	15:35							
NHLS SBAH	**4**	**15:50**							
	95						SCANNER DOCKED	YES	No

NHLS LSS/Lab : Name	Signature	Date:

Note**: Signature above confirms that all collections at PHC were collected

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

The trip sheets are subject to change based on operational requirements and customer requests. Such changes may result in an increase or decrease in the total kilometres travelled.

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME:	.....	DRIVER NAME:	.....
DATE:	.....	VEHICLE REG:	.....
OPENING KM'S	.....	CLOSING KM'	.....
ROUTE NAME:	TAD04	TIME START	09:00
Frequency	Mon - Fri		
ROUTE CODE:	TAD04	Note**: PHC - Public Health Community Facility	

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
NHLS SBAH	**0**	**11:00**							
Sokhulumi clinic	90	13:00							
Enkangala	28	13:35							
Dark City	6	13:50							
Rethabiseng	7	14:10							
Zithobeni	12	14:30							
Bronkhorstspruit Hosp	**9**	**14:45**							
Bronkhorstspruit Clinic	3	14:55							
Kanana	24	15:20							
Ubuntu	25	15:55							
NHLS SBAH	**30**	**16:45**							
	234						SCANNER DOCKED	YES	No

NHLS LSS/Lab : Name	Signature	Date:

Note**: Signature above confirms that all collections at PHC were collected

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: .....
DATE: .....
OPENING KM'S .....
ROUTE NAME: TAD05
Frequency Mon - Fri

DRIVER NAME: .....
VEHICLE REG: .....
CLOSING KM' .....
TIME START 10:00

ROUTE CODE: TAD05

Note**: PHC - Public Health Community Facility

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
NHLS SBAH	**0**	**09:00**							
Bronkhorstspruit Hosp	60	10:00							
NHLS SBAH	**60**	**11:00**							
2nd Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
NHLS SBAH	**0**	**11:30**							
Rayton Clinic	43	12:10							
Cullinan Art	6	12:20							
Cullinan Care	2	12:30							
Zonderwater Prison A	1	12:40							
Zonderwater Prison B	1	12:50							
Refilwe Clinic	7	13:00							
Onverwacht Clinic	11	13:10							
De Wagensdrift Clinic	24	13:20							
Emthonjeni Correctional	30	13:50							
Baviaanspoort Max	1	14:00							
Baviaanspoort Prison A	1	14:10							
Kameeldrift Clinic	6	14:20							
Doornpoort Clinic	12	14:40							
NHLS SBAH	**15**	**15:30**							
	280						SCANNER DOCKED	YES	No

NHLS LSS/Lab : Name	Signature	Date:

Note**: Signature above confirms that all collections at PHC were collected

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column

NATIONAL HEALTH LABORATORY SERVICE

COURIER NAME: .....
DATE: .....
OPENING KM'S .....
ROUTE NAME: TAD06
Frequency Sat

DRIVER NAME: .....
VEHICLE REG: .....
CLOSING KM' .....
TIME START 09:00

ROUTE CODE: TAD06

Note**: PHC - Public Health Community Facility

CLINIC NAME	KM	ETA	TIME IN	TIME OUT	PARCEL COUNT Collected	PARCEL COUNT Delivered	PHC FACILITY: INTIAL(S) AND SURNAME	PHC FACILITY: SIGNATURE	ODOMETER READING
1st Collection									
Temp Monitoring: Ice Pack Change <Yes / No>									
NHLS SBAH	**0**	**11:30**							
Bophelong Clinic	20	11:45							
Gazankulu Clinic	2	11:55							
Phomolong Clinic	3	12:05							
Attridgeville Clinic	2	12:15							
Laudium CHC	8	12:30							
Olievenhoutbosch Clinic	15	12:50							
NHLS SBAH	**30**	**13:20**							
	80						SCANNER DOCKED	YES	No

NHLS LSS/Lab : Name	Signature	Date:

Note**: Signature above confirms that all collections at PHC were collected

Note**: None collection at any facility will be endorsed on the tripsheet on the parcel count column