



**Temporary Quarantine Inventory Tissue, Blood, and Culture Samples**

Fridge #: \_\_\_\_\_

Sheet Start Date: \_\_\_\_\_

Product Type	TGLN#	Location in Fridge	Date	Comments
<input type="checkbox"/> Tissue <input type="checkbox"/> Blood <input type="checkbox"/> Culture <input type="checkbox"/> Other				
<input type="checkbox"/> Tissue <input type="checkbox"/> Blood <input type="checkbox"/> Culture <input type="checkbox"/> Other				
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Sheet End Date: \_\_\_\_\_