

Event Reconciliation: Summary of Collected Buccal Swab Kits

Event Name: _____

Event Key: _____ Event Date: _____

Event Type (circle one) Blood Clinic or Event

Tracking Log Page Number	Total

Tracking Log Page Number	Total

Signature: _____

Date: _____

Total Kits Collected:	
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Reconciliation – For NCC Use Only		
Total Received: _____	Date: _____	Initials: _____

Data Entry – For NCC Use Only		
Labelling Error Total:	Duplicate Total:	Incomplete Total:
Bar code number(s):	Bar code number(s):	Bar code number(s):
Total Entered: _____ Date: _____ Initials: _____		