



Timesheet for In-home / private / single collections

Your Information

Are you already enrolled in Direct Deposit? Yes / No (Circle One)

Name: _____

Home Address : _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Assignment Information

What day did you complete the assignment?(mm/dd/yy) _____ Scheduled appointment time? _____ am / pm

Which Company, Lab or Doctor did you collect specimens for? (not Phlebotek) _____

If applicable, list any Patient ID, Job ID, or Study Name or Number: _____

Number of patients you collected from? _____ Any patients under 18? Yes / No (Circle One)

Are you PRE-APPROVED for mileage / driving reimbursement? Yes / No

Total miles round trip: _____ Total travel time: _____

City, State and Zip of where service was performed: _____

Where did you send the specimens? I delivered to Lab (OR) Shipped out, Tracking # _____

Did you purchase or pay for anything for this draw? _____

Additional Notes:

*This timesheet must be completed clearly in its entirety.
Any missing information could result in a delay of payment**
Send the file as an attachment to: Mobile@phlebotek.com
If you have to print, you can fax to: 224-400-6055 or 888-316-3122
Clear photo messages can be texted to: 413-247-4532
If you have any questions, please call 224-400-6051 x 3