# Logistics Change Control Enquiry Form (CCE)

This form must be completed for any changes to sample transportation. Following submission, a quote and relevant approval will be obtained before changes can be implemented. Tick the relevant box before completing the form:

* I have checked my existing collection times [here](https://sel.synlab.co.uk/logistics/collection-times/): Yes  No
* Collection window for stability of sample checked (*Samples will be viable within the collection times specified below*): Yes  No

**Section A: To be completed by Requestor**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Change Required | Choose action required. | | | | |
| Name of practice/hospital site | Click here to enter name. | | | | |
| Number of Daily Samples | Current Daily samples: Total # | | | | Anticipated New Daily Samples: Total # |
| Types of samples to be sent from the clinic | Urine  Blood  Faecal  Swab | | Other Click here to specify.  **Note: Synnovis does not process Cervical Screening samples** | | |
| Start and Finish Time of Clinics | Click here to enter timeframe. | | | | |
| First Bleed time and last bleed time | Click here to enter timeframe. | | | | |
| Specify Days Required for New or amended collection  Specify frequency if not daily) | Mon  Tue  Wed  Thu | Fri  Sat  Sun | | Click here to specify frequency if not daily. | |
| Collection Address (*add any specific instructions if applicable e.g., Floor, dept, direct contact number (including out of hours)* | Click here to enter address. | | | | |
| Delivery Address (Will be Synnovis Hub if left Blank) | Click here to enter address. | | | | |
| Opening and closing times at the Collection Address (This is required to ensure that all sample collections are completed before the closure at the collection address) | Click here to enter timeframe. | | | | |
| Estimated Start Date | Click to enter a date. | | | | |
| How long do you require this collection for? | Click here to enter details. | | | | |
| Form Completed by: | Click here to enter name. | | | | |
| Date of Request | Click to enter a date. | | | | |

**Section B: To be completed by Synnovis**

|  |  |
| --- | --- |
| **Collection 1 guided Collection Time** | **Click here to enter timeframe.** |
| **Collection 2 guided Collection Time** | **Click here to enter timeframe.** |
| **Collection 3 guided Collection Time** | **Click here to enter timeframe.** |
| **Proposed Start Date** | **Click to enter a date.** |
| **Form Completed by:** | **Click here to enter name.** |
| **Date** | **Click to enter a date.** |
| **Cost per week (if relevant)** | **Click here to enter number.** |
| **CCE Number** | **Click here to enter number.** |

**Section C: To be completed by PBU**

|  |  |
| --- | --- |
| **To be reviewed by PBU** | |
| **Decision** | **Choose an item.** |
| **Reason** | **Click here to enter details.** |
| **Decision Made By:** | **Click here to enter name.** |
| **Date** | **Click to enter a date.** |