

**BAPTIST HEALTH College Little Rock
School of Medical Laboratory Science**

Laboratory Tour

Student Name: _____

Date of Tour: _____

Name of Facility: _____

Address: _____

City/State: _____

Medical Laboratory Scientist (tour guide) complete information below

Staff Member Signature: _____

Staff Member (print name with title): _____

Staff Member Phone Number: _____

Staff Member E-Mail: _____

BHSLR Program Director Signature: _____

Note: We prefer that you tour our facility or a facility near you of comparable size (500+ beds).

Implemented: January 2011
Revised: February 2013
Reviewed: November 2016

