

	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> </div> <div style="text-align: center;">Site Number</div>		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> </div> <div style="text-align: center;">Subject Number</div>				

Form LB - Central Processing		
1 LB - Central Processing		
1.1	Lab Panel Name	LBCAT
1.2	Was the sample collected?	LBPERF
	<input type="radio"/> [N] No <input type="radio"/> [Y] Yes	
1.3	Collection Date (DD-MMM-YYYY)	LBDAT
	<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> </div>	
1.4	Collection Time (24 hour clock)	LBTIM
	<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> </div>	