

SPECIMEN / REQUISITION EXCEPTION FORM

The laboratory staff will not allow a mislabeled specimen to be relabeled if, in their professional opinion, the correct identification of the specimen is in doubt.

To be completed by licensed healthcare provider only:

Correct Patient's Name Correct Patient's MRN or Acct #

Although the specimen was unlabeled or mislabeled upon receipt in the laboratory, the specimen has been determined to be irreplaceable. By signing below, I attest that I have personal knowledge of the specimen received in the laboratory, and take full responsibility for the labeling / relabeling of the specimen with the correct patient's information.

X _____ X _____

Signature of licensed healthcare provider Printed name of licensed healthcare provider

____/____/____

Date

To be completed by the laboratory:

Description of Specimen:

Specimen Type (Blood, Urine, CSF, etc.): _____

Specimen Container (Vacutainer, Sterile cup, Swab, etc.): _____

Condition of Specimen (Age, Storage, Container condition, etc.): _____

Type of Labeling Error:

- | | |
|---|--|
| <input type="checkbox"/> Specimen rec'd unlabeled, no label in bag | <input type="checkbox"/> Specimen rec'd unlabeled, label in bag |
| <input type="checkbox"/> Label on tube & label in bag do not match | <input type="checkbox"/> Label on tube & label on requisition / order do not match |
| <input type="checkbox"/> Specimen labeled with incorrect patient name | <input type="checkbox"/> Other: _____ |

Tech completing form: _____ Date: _____

Supervisor or Section Director: _____ Date: _____