MISLABELED SPECIMEN EXCEPTION REQUEST FORM

This form is never to be used for Blood Bank specimens.
Mislabeled/Unlabeled Blood Bank specimens are not accepted for testing.

Patient Information Section

____ Specimen previously unlabeled OR

____ Specimen incorrectly labeled as ____________________________

Patient Name

Medical Record #

The specimen should be correctly labeled as:

Correct Patient Name

Correct Med Rec. # or Birth Date

Patient Location

Date and Time of Collection

Specimen Type (Bld, Ur, CSF, etc.)

Test/s Requested

Name of Laboratory Staff Contacted/Assisting

***The employee who mislabeled or did not label the sample must write on the back of this form why they are certain that the specimen belongs to this patient and should be used for testing. In addition, after this is done, the Physician, Manager or Clinical Coordinator must complete the section below

Physician/Manager/ Clinical Coordinator Section

I have reviewed the incident related to the incorrect labeling of the patient specimen listed below. I am requesting the specimen be processed for the following tests:

I am confident that the specimen(s) are from the patient identified in the ‘Correct Patient Name’ line and am approving the corrected labeling, processing, and reporting with an appropriate cautionary comment for the following reason:

_____ Specimens in which the clinical state cannot be recreated and the results are critical to the diagnosis/treatment of the patient – e.g. specimens that were collected for culture prior to antibiotic treatment.

_____ Specimens which are difficult/traumatic to obtain – e.g. CSF, Bone Marrow, Surgical Specimen, Stimulation Tests, other irretrievable specimens such as catheter tips.

Comment


Physician/Manager Name ____________________________

Please Print

Physician/Manager Signature ____________________________

Date ________________ Time ________________

Pathologist Review ____________________________

Signature

Mislabeled Specimen Exception Request Form V5, Major Revision 1/29/2020