


MIS-LABELED/UNLABELED SPECIMEN REQUEST TO RELABEL

	<b>DOCUMENT TYPE:</b> <input checked="" type="checkbox"/> Form	<b>ORIGIN DATE IN TITLE 21</b> 3/2021
<b>CLIA Lab Director:</b> Gregory Pomper, MD	<b>LAB DEPARTMENT:</b> Central Processing	<b>CONTACT:</b> <b>CENTRAL PROCESSING MANAGEMENT</b>

REQUESTOR'S NAME: \_\_\_\_\_

REQUESTOR'S PAGER/PHONE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

PATIENT MRN: \_\_\_\_\_

PATIENT LOCATION: \_\_\_\_\_

SPECIMEN TYPE: \_\_\_\_\_

TEST REQUESTED: \_\_\_\_\_

PROBLEM DESCRIPTION: Incorrect ID: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PATH RESIDENT PAGED/CALLED: \_\_\_\_\_

DATE/TIME PAGED/CALLED: \_\_\_\_\_

DECISION TO RELABEL: (YES or NO and by whom): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TECH: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

The patient sample reference above belongs to:

Patient Name: \_\_\_\_\_ MRN: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Pathology Medical Staff Comments:

\_\_\_\_\_

\_\_\_\_\_