


Clinical Laboratory Incident/Credit Report

	DOCUMENT TYPE: <input checked="" type="checkbox"/> Form	ORIGIN DATE IN TITLE 21 New
	CLIA Lab Director: Dr. Gregory Pomper	LAB DEPARTMENT: Central Processing Lab

**Clinical Laboratory
Incident / Credit Report**

Complete the incident/credit report form for patient safety concerns and/or any situation that requires removal or correction of results or charges in the patient's medical record. Place completed form in department's designated location for completion.

Date: _____ Time: _____

Patient Name and MRN (or DOB): _____

Patient Location: _____

Accession Number(s): _____

Test(s) Ordered: _____


Reason for Cancel/Credit:

- | | |
|---|--|
| <input type="checkbox"/> Floor Bad ID | <input type="checkbox"/> Physician Cancelled Order |
| <input type="checkbox"/> Lab Bad ID | Physician's Name: _____ |
| <input type="checkbox"/> Wrong Test Ordered | <input type="checkbox"/> Unsatisfactory Specimen |
| <input type="checkbox"/> Duplicate | Briefly Describe: _____ |
| <input type="checkbox"/> Ordered on Wrong Patient | <input type="checkbox"/> Lab Problem |
| <input type="checkbox"/> Clotted | Briefly Describe: _____ |
| <input type="checkbox"/> Wrong Specimen Type | <input type="checkbox"/> Other |
| <input type="checkbox"/> Stability Limit Exceeded | Briefly Describe: _____ |
| <input type="checkbox"/> QNS | |
| <input type="checkbox"/> Broken / Spilled in Transit | |
| <input type="checkbox"/> Interfering Substance | |
| <input type="checkbox"/> Lost in Transit to Reference Lab | |

Called To: _____

Completed By: _____

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		Completed By	Date
RL6 Entered - RL #			
Results Verified?			
<input type="checkbox"/>	Yes		
<input type="checkbox"/>	Result Modification / Correction		
<input type="checkbox"/>	Credit		
<input type="checkbox"/>	No		
<input type="checkbox"/>	Test sent for Redraw / Cancel		