

CHILDREN'S MINNESOTA
UNLABELED-MISLABELED SPECIMEN CHALLENGE FORM
[GL 2.0 Unlabeled-Mislabeled Specimen Procedure](#)

Part One: To be completed by Patient Care Team and Provider

Describe how labeling error occurred: _____

Staff challenging the lab policy with request to relabel must obtain approval to challenge specimen by a **provider (MD, NP, DO, PA)**.

_____/_____/_____:_____
Printed Provider Name & Credentials Date Called Time

_____/_____/_____:_____
Challenger's Printed Name & Credentials Signature Date Time

I, the above signed, understand that inappropriate patient care may result from relying on test results obtained from an incorrectly labeled specimen.

Part Two: To be completed by Lab staff Name of On-Call Pathologist:_____

Incident Date: __/__/____ Incident Time: __: __ Collection Location: _____ Reported by: _____

Patient Name:_____ **MRN:**_____ **Birth Date:**_____

Specimen Labeling Defect: ☐ Unlabeled ☐ Mislabeled

Specimen Name:_____ **MRN:**_____ **Birth Date:**_____

Cancelled Accession Numbers: _____

☐ Specimen Meets Criteria for Relabeling: Challenger not required to contact On-Call Pathologist.

Reason for Challenge: CSF Surgical BC Prior to ABX Critical, Over D.V.

☐ Specimen Does Not Meet Criteria for Relabeling: Challenger **MUST** contact On-Call Pathologist.

Specimen Type: _____

Reason for Challenge: _____

Specimen Approved for Testing Per Pathologist? Yes No

Reordered Accession Numbers: _____

☐ SLR Filed

Part Three: To be completed by On-Call Pathologist. May be completed the following business day if challenge occurs after office hours.

_____/_____/_____
Pathologist Signature Date

Explanation of Challenge Decision: _____

Part Four: To be completed by Laboratory Operations Supervisor

Ensure form is complete, results are accurate (if applicable), and SLR is filed. Upload form to SharePoint.

_____/_____/_____
Operations Supervisor Signature Date