Verde Valley Medical Center – Laboratory

Cottonwood, AZ 86326

**SPECIMEN RECOLLECTION REQUEST**

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| --- |
| **Patient Identification (sticker)****Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****MRN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Specimen #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*A-C Completed by Med Tech\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

1. **REASON FOR RECOLLECTION:**

□ Questionable Result/Delta Check □ QNS, □ Clotted, □ Hemolyzed, □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **TESTS REQUIRING RECOLLECTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **CERNER ID OF PERSON REQUESTING RECOLLECTION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*D-I Completed by Lab Asst\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

1. **CERNER ID OF COLLECTION PERSONNEL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **INITIAL DATE/TIME OF COLLECTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or ED RECOLLECTION: □, OP RECOLLECTION: □**
3. **SPECIMEN SUBMITTED IN: □** Vacutainer, □ Microtainer, □ Sterile Container
4. **RECOLLECTION REQUEST GIVEN TO:** Cerner ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (Date/Time)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **SPECIMEN STATUS CHANGED TO RECOLLECT IN CERNER (Inpatient):** Cerner ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (Date/Time)\_\_\_\_\_\_\_\_\_\_\_\_
	1. **TEST CANCELLED IN CERNER (Outpatient):** Cerner ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at(Date/Time)\_\_\_\_\_\_\_\_\_\_\_\_
	2. **PATIENT CALLED/NOTIFIED REGARDING RECOLLECTION:** Cerner ID \_\_\_\_\_\_\_\_\_\_ at(Date/Time)\_\_\_\_\_\_\_\_
	3. **PATIENT PLANS TO RETURN: □** Yes, □ No, **□** Left Message
6. **RECOLLECTION SPECIMEN GIVEN TO MED TECH:** Cerner ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at (Date/Time)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*J Completed by Med Tech\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

1. **OUTCOME:**

**□ Original specimen run/redraw results match original results.**

**□ Original specimen run/redraw results do not match original results:**

**□ Original results released.**

**□ Redraw results released.**

 **□ Original specimen unable to be redrawn, original results used (approval required).**

Cerner ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at (Date/Time)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_