Rejected Sample Report Form

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| --- | --- | --- | --- |
| **Patient Name****MRN** |  | **Patient Care Area** |  |
| **Nurse Manager** |  |
| **Date/Time notified** |  |

**Reason for Specimen Rejection**

|  |  |
| --- | --- |
| **Labeling** | **Patient name on:**Form 🞏 Sample 🞏 was missing 🞏 incorrect 🞏 illegible 🞏 incomplete 🞏**MRN on:**Form 🞏 Sample 🞏 was missing 🞏 incorrect 🞏 illegible 🞏 incomplete 🞏**Date Drawn, including the year on:**Form 🞏 Sample 🞏 was missing 🞏 incorrect 🞏 illegible 🞏 incomplete 🞏**Time Drawn, including the year on:**Form 🞏 Sample 🞏 was missing 🞏 incorrect 🞏 illegible 🞏 incomplete 🞏**Two signatures of appropriate staff on:**Form 🞏 Sample 🞏 was missing 🞏 incorrect 🞏 illegible 🞏**Sample was double labeled** 🞏 |
| **Collection** | Incorrect specimen tube: Specimen collected in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tube |
| **Transport** | * **Specimen broke**
* **Specimen leaked**

**Transported by** (circle one): TUBE DELIVERED to BCT 67 |
| **Quality** | * **Specimen quantity inadequate**
* **Specimen contaminated with IV fluid**
* **Specimen grossly hemolyzed**
 |
| **History Check** | * **Specimen ABO/Rh type does not agree with historical ABO/Rh**
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|  |  |
| --- | --- |
| **Copy of the request form and specimen label are attached** | TSL Tech ID:  |
| **Comments** |  |

**TSL:** FORWARD one copy to nurse manager for the patient care area, and attach one copy to the QIM form for TSL Manager.

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