Rejected Sample Report Form

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |

|  |  |  |
| --- | --- | --- |
| **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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