Rejected Sample Report Form

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| --- | --- | --- | --- |
| **Patient Name**  **MRN** |  | **Patient Care Area** |  |
| **Nurse Manager** |  |
| **Name of Person Notified** |  | **Date/Time** |  |

**Reason for Specimen Rejection**

|  |  |
| --- | --- |
| **Labeling** | **Patient name on:** 🞏 Form 🞏 Sample  🞏 missing 🞏 incorrect 🞏 illegible 🞏 incomplete  **MRN on:** 🞏 Form 🞏 Sample  🞏 missing 🞏 incorrect 🞏 illegible 🞏 incomplete  **Date Drawn:**  🞏 missing 🞏 incorrect 🞏 illegible 🞏 incomplete  **Time Drawn:**  🞏 missing 🞏 incorrect 🞏 illegible 🞏 incomplete  **Two signatures of appropriate staff:**  🞏 missing 🞏 incorrect 🞏 illegible 🞏 incomplete  **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/or 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 Compliance Analyst and Manager.

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