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**
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| **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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