

# ALLINA MEDICAL LABORATORIES REFERENCE LABORATORY

## Identification of Unlabeled or Mislabeled Specimen

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| AML STAFF<br>MGR<br>SUPV<br><br>PATH<br><br>CUSTOMER SERVICE                               | PROCESSORS   | Patient Name (on requisition) _____ Clinic _____<br>SSN or Medical Record Number _____ Date of Birth _____<br>Date/Time Collected _____ SPECIMEN STORAGE _____<br>Source of Specimen:<br><input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Body fluid <input type="checkbox"/> CSF <input type="checkbox"/> Other _____<br>AML Processor Tech # _____<br><input type="checkbox"/> <b>SPECIMEN RECEIVED IMPROPERLY LABELED</b><br><input type="checkbox"/> Name on requisition does not match name on specimen<br>• Name on requisition _____<br>• Name on specimen _____<br><input type="checkbox"/> Missing 2nd Identifier<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> <b>SPECIMEN RECEIVED UNLABELED:</b><br><input type="checkbox"/> UNLABELED SPECIMEN REJECTED<br><input type="checkbox"/> REFERRED TO PATHOLOGIST |
|  | MGR<br>SUPV  | Mgr/Supv Signature _____<br>Comments _____  |
|  | PATH   | <b>PATHOLOGIST REVIEW</b> <b>Specimen approved for testing?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b><br>Signature of Pathologist _____<br>Comments _____  |
| CUSTOMER SERVICE   | <b>CHECK ONE:</b><br><input type="checkbox"/> Name on req is correct (Client/Provider sign-off needed)<br><input type="checkbox"/> Name on specimen is correct (No Client sign-off needed)<br><input type="checkbox"/> Specimen missing 2nd identifier (Client sign-off needed)<br><br><input type="checkbox"/> <b>Verified by clinic:</b> Correct name _____    SSN or Med rec number _____<br>Clinic contact name _____    DOB _____<br>Customer Service # _____    Date _____<br>Comments _____<br>_____<br>_____ |   |
| To be completed by those collecting specimen. Fax completed form promptly to 612-863-4067. |  |   |
| CLIENT<br><br>PROVIDER   | CLIENT   | <b>RESULTS WILL NOT BE RELEASED UNTIL SPECIMEN IS PROPERLY IDENTIFIED OR RECOLLECTED.</b><br>Proper specimen identification is essential for high quality patient care and accurate laboratory results. By signing your name below, you are attesting to the correct identification of this specimen. You may also choose to recollect the specimen or cancel the order. IF YOU ARE NOT CERTAIN OF THIS SPECIMEN'S PROPER IDENTIFICATION, RECOLLECTION IS RECOMMENDED.<br>Your Name (please print) _____ Your Signature _____<br><b>CHECK ONE:</b> <input type="checkbox"/> We will recollect this specimen (please submit with new requisition)<br><input type="checkbox"/> We will not recollect this specimen<br><input type="checkbox"/> We will rectify the identification of this specimen  |
|  | PROVIDER   | Specimen properly identified as (please print patient name) _____<br><b>Provider/Designee Signature</b><br>I understand and have been informed that the specimen listed above was improperly labeled when it arrived in the clinical laboratory. I have reviewed and confirmed the identity of the specimen and request that the testing be performed.<br>Signature of provider/designee responsible for patient care _____ Date _____  |