

INAPPROPRIATE SAMPLE IDENTIFICATION RELEASE FORM

It is the policy of UTMB Pathology Clinical Services (Lab) to reject specimens and requisition forms not meeting the standards for patient test management.

Samples must be labeled with one of the following unique identifying numbers:

GENERAL	BLOOD BANK	NON-UTMB
<ul style="list-style-type: none"> Requisition label with preprinted number. Patient's medical record number Offender patient ID number Account number Epic order number 	§ Patient's full name (first and last); § Patient's medical record number or other unique identifier; § Date and time of collection; Request forms must include: § Initials of person collecting the specimen; § Unit/clinic location.	○ patient's name and one unique identifier

Samples not meeting the above criteria will not be accepted for analysis by the laboratory. If extenuating circumstances exist that prevent recollection of the sample, the ordering physician or nurse must come to the laboratory to personally identify and relabel the request form and sample, as well as, complete this release form.

TYPE OF ERROR:

☐ No ID on sample ☐ Incorrect information on sample ☐ Other _____

ORIGINAL INFORMATION

CORRECTED INFORMATION

Patient Name _____

Patient Unique # _____

Specimen Type _____

Contact for Physician/Director Interaction _____

ACKNOWLEDGEMENT

I _____ (print name & title)
assume full responsibility for relabeling a patient sample and requisition form sent to the laboratory with incorrect or incomplete information.

Signature: _____ Date & Time _____

Notification Information for PSN documentation:

Person Contacted _____

Location _____

Date/Time _____

Tech ID _____

How Resolved:

☐ Relabeled/Corrected

☐ Rejected and Discarded