



Documentation of Inadequately Labelled or Mislabeled Irreplaceable Sample

This sample received at _____ Laboratory on _____ cannot be processed as there are inadequacies and/or identification discrepancies. *(ddmmmyyyy)*

- **this sample may not be processed until discrepancy is resolved**
- identification, labelling and correction of errors is the responsibility of the collector
- the laboratory is hereby released of any responsibility for the identification of this sample
- **collector:** resolve discrepancy with laboratory staff, attending Pathologist or Area Department Head

Laboratory use only:

	Sample Information Received	Requisition Information Received
Sample Type		
Patient First and Last Name		
PHN or MRN		
Date of Birth		
Other (e.g. Requesting Physician, Lab Identification)	<i>(Place Meditech label or sample number here, if available.)</i>	

Details of Error	Check <input type="checkbox"/>	Comment / Details
Unlabelled Sample		
Mislabeled Sample		
Incomplete Requisition		
Sample / Requisition Mismatch		
Sample Type not Identified		
Other		

Lab: Record details of communication with collector contacted (hospital unit, physician, or site) on the reverse page. Keep a copy on site.

Collector: Correct discrepancies on the sample label or requisition. Complete name, signature and date error corrected in the space below:

Collector's Name (print)	Collector's Signature	Date Error Corrected



Interior Health

Laboratory Service

****Lab:**

Staple confirmed and corrected discrepancy (photocopy of sample label or requisition) to this form.

Communicated To: <i>Indicate method of communication: fax, phone, or email</i>	Date Collector Contacted:	Comment:

PSLS Number: _____

Reference: ISO 15189:2012(E), Medical Laboratories – Requirements for Quality and Competence, third edition, 2012-11-01