

DEPARTMENT OF LABORATORY MEDICINE  
IDENTIFICATION OF SPECIMEN FORM

I, \_\_\_\_\_, verify that the sample brought to the laboratory was mislabeled as to the identity of the patient. I am acting in an official capacity to correct the mislabeled identification and to identify and label the proper patient sample.

\* SPECIMEN \*

The specimen was originally labeled as:  
(to be completed by laboratory personnel)

Patient Name: \_\_\_\_\_  
Unit Number: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Admission #:(if known) \_\_\_\_\_  
Location: \_\_\_\_\_

The specimen should be labeled as:  
(to be completed by responsible person)

Patient Name: \_\_\_\_\_  
Unit Number: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Admission #:(if known) \_\_\_\_\_  
Location: \_\_\_\_\_

\* REQUISITION \*

The requisition was originally labeled as:  
(to be completed by laboratory personnel)

Patient Name: \_\_\_\_\_  
Unit Number: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Admission #:(if known) \_\_\_\_\_  
Location: \_\_\_\_\_

The requisition should be labeled as:  
(to be completed by responsible person)

Patient Name: \_\_\_\_\_  
Unit Number: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Admission #:(if known) \_\_\_\_\_  
Location: \_\_\_\_\_

Signed: \_\_\_\_\_

Comments:

Title: \_\_\_\_\_

Date: \_\_\_\_\_

FOR LABORATORY USE:

Did this occurrence involve other divisions within the laboratory? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES note Division(s) notified? Core Lab \_\_\_\_\_ Microbiology \_\_\_\_\_ Blood Bank \_\_\_\_\_

Specimen type(s): \_\_\_\_\_

Date: \_\_\_\_\_ Order Number: \_\_\_\_\_

Sample accepted in laboratory by: \_\_\_\_\_

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BEFORE SPECIMEN PROCESSING CAN PROCEED.