Monadnock Community Hospital – Laboratory Services Mislabeled Specimen Form

□Mislabeled	□Unlabeled
Person Documenting:	Date/Time:
Name on Specimen:	DOB or Requisition:
Patient Location:	
Type of specimen (blood, urine, tissue, etc): Visit ID # or MRN:	
1.Error made by: □ Patient Unit	☐ Client Office ☐ Lab personnel
2. Error Discovered: ☐ Before testing	☐ After testing/results not reported
3 Discovered by: ☐ Specimen receiver	· □ Lab staff
4. Person/Office Notified: Location : Additional Problems or Comments:	
Relabeled or Unlabeled that are Non-recoverable Specimens: Statement of Release	
I, AM A	WARE THAT THE SPECIMEN IN THE INCIDENT DETAILED
ABOVE WAS NOT LABELED PROPER	LY. I TAKE FULL RESPONSIBILITY FOR THE
IDENTIFICATION OF THE SPECIMEN	BELONGING TO:
Patient Name	
DOB or MRN	
I AM FULLY AWARE THAT THE PATIENT MAY BE TREATED BASED ON THE RESULTS OF THIS SAMPLE.	
Employee Signature	Date/Time

Release to be kept on file in the lab, not to be scanned into the patient record.

H:\Laboratory\Forms\Mislabeled Specimen Release.doc