



KENT HOSPITAL LABORATORY
 455 Tollgate Road
 Warwick, Rhode Island 02886
 401-737-7000

Date: _____

Patient: _____ Floor: _____

Patient ID: _____ Physician: _____

Test Ordered: _____ Type of Specimen: _____

Specify actual problem with specimen: _____

- 1.) The specimen indicated above was received by the Laboratory incorrectly labeled. The following individual is taking responsibility for insuring that the specimen is correctly labeled and that the specimen received does in fact belong to that person.

SIGNATURE: _____

Laboratory Person Accepting Specimen: _____

- 2.) The above specimen has been discarded by the Laboratory because it was improperly labeled.

Laboratory Person Rejecting Specimen: _____

- 3.) ****Surgical specimens will not be discarded by the Laboratory.**

See Policy # 7010-LM021 Specimen Acceptance and Rejection