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