

REFERENCE LABORATORY
PROBLEM IDENTIFICATION / INVESTIGATION FORM

Please complete, attach any results and forward to Lab Office for follow-up.

Patient name: _____ Date: _____

SS #: _____ Dr./Clinic: _____

- _____ 1. No orders. Type of specimen _____
- _____ 2. No specimen. Type of specimen/test missing: _____
- _____ 3. Specimen received unlabelled. Please footnote at result entry.
- _____ 4. Specimen unacceptable for processing. **TESTS TO CANCEL:**
 - _____ a. QNS _____
 - _____ b. Grossly hemolyzed _____
 - _____ c. Other: _____
- _____ 5. Specimen received unspun
 - _____ a. Coag - over 4 hours: Please footnote
 - _____ b. Chemistries: Please footnote per special instructions

_____ Lab Assist (date/time) _____ Tech (date/time)

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FOR OFFICE USE ONLY:

Person Contacted: _____

Action Taken: _____

Problem Resolved on (date): _____ By: _____

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Action Taken: _____

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