

Attestation Form for Specimen Identification of Non-recollectable/Irretrievable Specimens

This form is used when a non-recollectable/irretrievable specimen has been received and does not meet the labeling criteria, and has been approved by the pathologist to be labeled in the laboratory. Results will not be reported for this sample until this document has been completed and received by the Laboratory.

To be completed by specimen collector/labeler

I confirm and attest that I collected and/or labeled the specimen identified below from:

Patient name: _____ MRN: _____ DOB: _____

Collection date: _____ Collection time: _____ Original Specimen Number: _____

Clinic/Floor Location: _____ Received date/time: _____

Collected by (print name): _____

Labeled by (if not collector): _____

Signature of person completing attestation: _____

To be completed by laboratory personnel (make a copy for each affected department)

The specimen from the patient identified above was received by laboratory personnel without all of the required information on the original specimen label.

The type of specimen received was: (check all that apply)	
<input type="checkbox"/>	Blood
<input type="checkbox"/>	CSF
<input type="checkbox"/>	Other body fluid
<input type="checkbox"/>	Stool
<input type="checkbox"/>	Sputum
<input type="checkbox"/>	Tissue
<input type="checkbox"/>	Urine
Type: _____	
Site: _____	

The information missing from or incorrect on the original specimen was: (check all that apply)	
<input type="checkbox"/>	Patient's name - specimen arrived with the following patient name: _____
<input type="checkbox"/>	Patient's date of birth - specimen arrived with the following DOB: _____
<input type="checkbox"/>	Patient's MRN - specimen arrived with the following MRN: _____
<input type="checkbox"/>	Patient scan override - not called to lab.
<input type="checkbox"/>	Beaker label not on specimen.

☐ The following statement has been added to each result for this specimen: **Specimen received unlabeled/mislabeled, with patient scan override and no call to lab or with critical information missing. Identified and labeled in the lab by *** on *** at ***. Processed with Pathologist approval. Results must be interpreted with caution. (Smart Text LAB APPROVED)**

Printed name of Pathologist/Clinical Director

accepting the specimen: _____

Form completed by: _____

Date/Time form completed: _____

New specimen number: _____

RL6 reporting number: _____

Upon completion, laboratory personnel should submit this form to the laboratory manager or supervisor to be included in the RL6 report. Once it has been uploaded, it is to be filed with the daily lab requisition.