

Specimen Recollection Form/Order for Outpatient and Inpatient (Downtime)

7186-new 2/94;3/94;5/00;9/09;11/09;10/10;3/13;2/14;8/14;1/15 ,5/16,7/17,2/20,7/20,5/23 (f\lab\docx)

To be completed by person rejecting specimen:

Patient Name: _____ MRN: _____ DOS: _____

Collection Location: _____ Ordering Provider Name/Number: _____

Reason for rejection/follow up: _____

Test(s) not completed: _____

Form Initiated by: (initials) _____
(For outpatients, call the providers office.)

Name of person notified: _____ Notified by: _____ Date: _____ Time: _____

Needed Follow up	
<p style="text-align: center;"><u>Outpatient: Downtime</u></p> <p>Patient location: _____</p> <p>Recollect Information:</p> <p><input type="checkbox"/> Test(s) no longer needed</p> <p><input type="checkbox"/> Provider's office will contact patient</p> <p><input type="checkbox"/> Lab to contact patient</p> <p><input type="checkbox"/> Reorder only the Following Test: _____</p>	<p style="text-align: center;"><u>Inpatient: Downtime</u></p> <p>Patient Location: _____</p> <p>Recollect Information:</p> <p><input type="checkbox"/> Test(s) no longer needed</p> <p><input type="checkbox"/> Recollect (Use Redraw Function)</p> <p><input type="checkbox"/> Nurse Collect (Notify CLP to transfer order)</p> <p><input type="checkbox"/> Reorder the Following Test: _____</p>

Has Needed testing been transcribed: Yes Initials: _____

Notes: _____
