

## INADEQUATELY LABELLED PATHOLOGY SAMPLE / REQUEST FORM DISCLAIMER

### (UNREPEATABLE / PRECIOUS SAMPLES ONLY)

Instruction to analyse sample(s) when the Request form and/or sample does not meet Pathology Request & Sample Labelling requirements. This disclaimer may only be used if the sample is deemed unrepeatable / precious.

Original request / sample labelling (To be completed by Laboratory staff)	Details
Name, DOB, NHS number	
Reason(s) why labelling does not meet requirements:	
Revised request / sample labelling ( <b>ALL</b> fields below to be completed by Requesting Location)	Details
First Name	
Surname	
Date of Birth	
Requesting Location (Ward/GP/OPD)	
NHS Number (Hospital or A&E number if NHS number not known)	
Consultant or GP	
Date of Request	
Time of Collection	
Clinical Details	
Investigation / Tests Required	
Infection status (where relevant)	
Reason why this sample/investigation <b>CANNOT</b> be repeated <b>AND</b> is still required	
Laboratory Use ONLY	
Laboratory Specimen Number	
Department	
Specimen Type	

The labelling of the above Specimen or Request Form did not meet Pathology Request & Sample Labelling requirements. The sample will not be processed until this form has been completed and returned to the laboratory.

I request that the above specimen be processed. I accept responsibility for any clinical decisions that will be made on the basis of these results.

Signature: ..... Name (Printed): .....

Post: ..... Consultant: .....

Date: .....