

SPECIMEN PROBLEM FORM



Michigan Medicine Laboratories (MLabs)

mllabs.umich.edu
800.862.7284
FAX: 734.936.0755

MLabs/MM Staff Name: _____ Receipt Date: _____ Time: _____

Place barcoded test label here or fill in:

Patient Name: Last _____ First _____ MI _____

Patient Reg or MRN: _____

Client Name or Location: _____ Client Code: _____ Client Ward: _____

SPECIMEN SHIPMENTS ONLY:

N-LNC Specimen Processing, 2800 Plymouth Rd,
Bldg 35, Ann Arbor, MI 48109-2800

Information was not included with specimen submitted for testing, the specimen or requisition requires correction to information, or the specimen or requisition is missing patient identifiers. Please provide the missing or corrected information and required signature noted below as applicable.

SPECIMEN(S) RECEIVED

SST Red Green Lav. Blue ACD 24 Hr Urine Random Urine Fluid (Type): _____ Other: _____

Were any specimens ordered and passed? No Yes Tests: _____

MISSING OR INCORRECT INFORMATION	MISSING	CORRECTED	INFORMATION	NOTES
PATIENT SEX	<input type="checkbox"/>	<input type="checkbox"/>		
PATIENT DATE OF BIRTH	<input type="checkbox"/>	<input type="checkbox"/>		
PATIENT REG OR MEDICAL RECORD NUMBER	<input type="checkbox"/>	<input type="checkbox"/>		
CLIENT ACCESSION NUMBER OR BLOCK ID	<input type="checkbox"/>	<input type="checkbox"/>		
ORDERING PROVIDER	<input type="checkbox"/>	<input type="checkbox"/>		
SPECIMEN COLLECTION DATE	<input type="checkbox"/>	<input type="checkbox"/>		
SPECIMEN TYPE	<input type="checkbox"/>	<input type="checkbox"/>		
ANATOMIC SITE	<input type="checkbox"/>	<input type="checkbox"/>		
LATERALITY	<input type="checkbox"/>	<input type="checkbox"/>		
24 HR URINE START & END TIMES	<input type="checkbox"/>	<input type="checkbox"/>		
TEST TO BE PERFORMED	<input type="checkbox"/>	<input type="checkbox"/>		
ICD-10 CODE	<input type="checkbox"/>	<input type="checkbox"/>		
BILLING INSTRUCTIONS, PATIENT OR INSURANCE DEMOGRAPHICS, ABN	<input type="checkbox"/>	<input type="checkbox"/>		
CLINICAL HISTORY FORM AND/OR NOTES, PATHOLOGY REPORT, MEDICAL RECORDS	<input type="checkbox"/>	<input type="checkbox"/>		

OTHER PROBLEM				
NO SPECIMEN RECEIVED	<input type="checkbox"/>			
NO REQUISITION/TEST ORDER RECEIVED	<input type="checkbox"/>			
SPECIMEN CONTAINER DAMAGED/LEAKING	<input type="checkbox"/>			
SPECIMEN NOT IN THERMOS	<input type="checkbox"/>			
SPECIMEN NOT ON ICE	<input type="checkbox"/>			
WRONG SPECIMEN TYPE RECEIVED	<input type="checkbox"/>			
OTHER:	<input type="checkbox"/>			

IDENTIFICATION ISSUE				
<input type="checkbox"/> Specimen did not include any patient identifiers				
<input type="checkbox"/> Specimens did not include 2 person specific identifiers				
<input type="checkbox"/> Specimen identifiers did not match those on the test requisition or order:				
Name and MRN on specimen: _____				
Name and MRN on requisition: _____				
<input type="checkbox"/> Other: _____				

Request Taken By MLabs/Pathology Staff: _____ Date/Time: _____ MLabs/Pathology Staff: _____ Date/Time: _____

Approved by (Client/Provider): _____ Title: _____

Information communicated to MLabs/MM Lab by telephone or email

If there is an **Identification Issue**, MLabs/Pathology policy requires that a supervisor, manager, or clinician investigate and verify the patient identity for the specimen and provide a signature. I, the undersigned, have investigated the lack of or mislabeling of the specimen and have contacted the person who collected and originally had responsibility to label the specimen. They verified the identity of the specimen as belonging to the patient as described above. I grant MLabs/Pathology the approval to label the specimen as indicated and request that MLabs/Pathology perform requested testing.

Approved by (print name of supervisor, manager, or clinician): _____ Title: _____ Client/Care Provider Signature (REQUIRED): _____

Name and title of person who collected specimen: _____ Facility or Location: _____

Fax completed form to MLabs at 734.936.0755. For more information on how to complete this form, please call us at 800.862.7284.