Recollect / Credit Documentation

LCR842.04

RECOLLECT - Specimen Problem Requiring Recollection

Rejection Reason: (✓ ONLY One)

If none of the reasons below are applicable, consult Supervisor/Master Tech for proper reporting.

☐ **Lab Error**

☐ Instrument error	IFRR	**1002**	
☐ Lost specimen	LERLOST	**1001**	
☐ Processing error	LERPE	**1003**	
☐ Spill	LERSPILL	**1000**	

☐ **Wrong Container Type**

Type sent: _____   IMPRSP   **1020**

☐ **Clotted**   CLOT   **1016**

☐ **Insufficient Volume**

☐ Under-filled	UNDER	**1013**
☐ Empty container received. Recollect requested.	EMPTY	**1014**
☐ Over-filled	OVER	**1015**
☐ Quantity not sufficient	QNSRR	**1012**

☐ **Wrong site or source**   WRGSIT   **1036**

Specify: _____

☐ **Hemolyzed**   HMRC   **1019**

Only test(s) not resulted

_____
List Test Codes(s)

☐ **Other**   RERE-OTHR-;   **1027**

Specify: _____
Free-text specification

Place Label Here

☐ **No Specimen Received**	NOSP	**1026**

☐ **Specimen too old**

☐ Transport (PTS) lost, mechanical	LIT	**1018**
☐ Collector delay	DELAY	**1010**
☐ Lab delay	LERDELAY	**1011**

☐ **Contaminated/Suspicious**

☐ Air bubble	AIRBUB	**1021**
☐ No cap	NOCAP	**1022**
☐ Results appear suspicious. Review specimen collection method. Recollect required.	RAS	**1023**
☐ Results inconsistent with previous results	RIP	**1024**
☐ Leaking/Sterility compromised	LEAK	**1025**

☐ **Mislabeled (Cannot relabel)**

☐ By Lab	LERMISL	**1004**

Is recovery possible?   **Yes / No**

☐ By Collector (Evidence Required)	MISL	**1005**

☐ **Unlabeled (Cannot relabel)**

☐ Label in bag, not on container	LABELBAG	**1006**
☐ Accompanied by requsition, not labeled	LABELREQ	**1007**
☐ Does not have 2 identifiers	IDENT	**1008**

Tech Completing Rejection Reason: _____

Time Form Handed-off for Notification: _____ am / pm

Redraw or Cancel Reason

Redraw/Cancel Reason Used: _____

Patient Location: _____

Redraw Called to: _____
First & Last Name, Title

No answer, # of attempts made: _____

Date & Time: _____

Called: _____

Tech Completing Redraw & Canceling Sections: _____

Lab Section: _____

Client Services - Reporting

☐   Appropriate Cancel Reason Used
☐   Correct Free-texted Format Used
First & Last Name, Title, Time)

☐   Translated Collector Tech Code

_____
First & Last Name

Reporting: **SI Submitted**   or   **Error Report Sent to:** _____

SI- _____

Completed by: _____ | Date Completed: _____