

Irretrievable Specimen Attestation Form

NOTE: When a specimen cannot be positively identified as originating from a specific patient, it must not be processed.

To be completed by health care professional

I, _____, confirm that the specimen(s)/requisition(s)
(Print Name and Title)

information is definitely from the patient identified below. I attest the accuracy of the information I have provided and request the specimen be analyzed. Obtaining a new specimen(s) would have a negative impact on the condition of the patient, may yield significantly different diagnostic information or is not possible at this time.

Patient name: _____ MRN: _____ DOB: _____

Collection Date: _____

Collection Time: _____

Health care professional's signature: _____

Health care professional's employee ID number: _____

To be completed by laboratory personnel

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

Specimen Type (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Blood | Body site (if indicated): _____ |
| <input type="checkbox"/> CSF | |
| <input type="checkbox"/> Other body fluid | |
| <input type="checkbox"/> Tissue specimens | Number of specimen containers received: _____ |
| <input type="checkbox"/> Urine | |
| <input type="checkbox"/> Bone marrow | |
| <input type="checkbox"/> Stone samples | |
| <input type="checkbox"/> Autopsy specimens | |
| <input type="checkbox"/> Wound culture | |
| <input type="checkbox"/> Invasive cultures | |
| <input type="checkbox"/> Foreign body | |
| <input type="checkbox"/> Other: _____ | |

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The missing or incorrect information provided with the original specimen was (check all that apply):

- Patient's name
- Patient's date of birth
- Patient's MRN
- Date of collection
- Time of collection: Other (describe): _____

Below is a duplicate of the correct label(s) that was placed over the original specimen label by the health care professional.

Affix correct label here.

- A statement describing the missing or erroneous information on the original specimen label has been placed in the patient's report.

Printed name of laboratory
representative accepting the
specimen: _____
Laboratory
representative's
signature: _____
Date: _____
Time: _____

Upon completion, laboratory personnel should submit this form to the Laboratory Director for review and record retention purposes.

Abbreviations: CSF, cerebrospinal fluid; DOB, date of birth; MRN, medical record number