# Sample Rejection Form

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| **Patient Name, date of birth + Sample ID:** |  |
| **Name Requester:** |  |
| **Date sample collected:** |  |
| **Date and Time sample Received at NTRL:** |  |

The above sample has not met the criteria of a good specimen for the test(s) requested. Processing this sample will yield unreliable results. Therefore we cannot submit the specimen for further analysis.

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| **Reason:** | | **Explanation:** |
|  | Sample was collected in improper container |  |
|  | Sample not properly sealed/was leaking |  |
|  | Sample was improperly labeled/Patient ID & date of collection was not clear |  |
|  | Sample material was inappropriate for the test(s) requested |  |
|  | Sample volume was inappropriate for the test(s) requested |  |
|  | Sample was not accompanied by a request form/sample could not be related to a request form |  |
|  | Patient name/date of collection on request form did not match the same details on the sample label |  |
|  | Other, namely: |  |

**You are advised to collect another specimen from the patient (if still possible) and resend this to us. We apologize for any inconvenience this has caused.**

Laboratory technologist name/signature: Date:

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*For laboratory only: Photocopy this form and the Laboratory Request form, staple the copies and keep in laboratory file while the originals are sent back to the requester.*