

DECLARATION FORM – INADEQUATELY LABELLED REQUEST FORM AND/OR SPECIMEN

Instruction to analyse sample(s) when the Request Form and/or the Specimen does not meet the Trust’s Mandatory Labelling requirements.

Information required	Details Given
First name and Surname	
DOB	
Location (Ward No / OP / Unit)	
Hosp / NHS / A&E number	
Consultant or GP	
Date of Request	
Time of Collection	
Clinical Details	
Investigation / Tests required	
Infection Status (where relevant)	
Signature & printed In capitals & contact number	
Reason why this sample/investigation CANNOT be repeated AND is still required	

The labelling of the above **Specimen** or **Request Form** did not meet the Trust’s Mandatory Labelling requirement. **The sample will not be processed until this form has been completed and returned to the department.**

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. Clinical decisions will be taken in the knowledge that the results may not belong to this patient.

Signature Print name

Post Consultant..... Date

Microbiology requests - please return completed form by fax (or by hand) to the local Microbiology Laboratory: Leeds General Infirmary 0113-392 6774 (fax) 0113-392-3499 (phone)

Blood Sciences requests – please return the completed form via the POD system (or by hand) to the local Blood Sciences Laboratory at LGI or St James.