



CORRECTED REPORT REQUEST FOR GENERAL LAB TESTING

Spectrum Health Pathology and Laboratory Medicine
Phone: 616-774-7721 Fax: 616-267-2958

Date: _____

I am requesting a corrected report be issued from the Spectrum Health Regional Laboratory.

On _____ our office sent a specimen and requisition labeled as:
Date

Originally submitted patient name

Originally submitted date of birth

The specimen and requisition were labeled incorrectly. They should have been labeled as:

Correct patient name

Correct date of birth

General Lab Work:

I have included a copy of the correct patient's requisition. Upon receipt of this material, please issue a corrected report.

***Note for specimens not yet processed by the laboratory:

It is SH policy that any precious specimen patient identifier issues require the collector to come on site to make the correction. It is against SH policy to make patient identifier corrections to specimens considered non precious. Non precious specimens with incorrect identifiers will be discarded and will require recollection.

Thank you,

Physician's Signature (No Stamps Please)

Date

Physician's Name Printed