Patient Name: ____________________  MRN /DOB: ____________________  DOS: _______  LOC: ________

SECTION I: Type of error (also complete section III)

☐ Incorrect visit number used. Order was entered under V# ___________________________ should have been V# ___________________________

☐ Incorrect ordering provider. Ordering provider in the LIS: ____________________ Ordering provider on order: ____________________

☐ Incorrect specimen collection date entered: Entered as: ____________________ Correct date: ____________________

☐ Test/Special Instructions on requisition not entered in LIS. Test not performed, unable to add on ____________________

☐ Specimen processing/handling error, test cannot be performed. Test: ____________________

☐ Incorrect/wrong test ordered in the LIS, not ordered on requisition. Credit the following tests: ____________________

☐ Test missed on requisition: ____________________

☐ Primary Labeling error: ____________________

☐ Secondary labeling error (slides/aliquots/plates etc…): ____________________

☐ Test resulted incorrectly: ____________________

☐ EPIC POC results entered incorrectly: ____________________

SECTION II: Amended Data (Please complete the following):

Date and time of initial result verification: ____________________

Date and time of result correction: ____________________

Provider notification: ____________________

Describe what data was amended and why: ____________________

As a result of the error, did the provider:

1. Order another test? Yes ___ No ___
2. Repeat a test? Yes ___ No ___
3. Change the treatment or diagnosis? Yes ___ No ___
4. Inform the patient or family of the result? Yes ___ No ___

Describe fully any Yes answer: ____________________

SECTION III: Complete the following for all error types noted above.

What caused the error? ____________________

How was the error detected? ____________________

Were specimens in other sections involved/followed up on? ____________________

Is there a procedure or system change that needs to be made? ____________________

Completed by: ____________________

Reviewed with: ____________________

Follow up/outcome/LIS changes: ____________________

QA/Billing review

RL6#: ____________________ Charge/credit review: ____________________ Epic review: ____________________