



Protected Health Information

To:	Fax:	13342443396
From: Daniel Patterson	Date:	12/08/20 12:21:47 PM
Re: ID Discrepancy: AL735634X	Pages:	3
☐ Urgent	☐ For Review	☐ Please Comment ☐ Please Reply
cc:		
Notes:		

IDENTIFICATION DISCREPANCY FORM

Dear Valued Client: **AUM NURSING CARE CENTER**

We received an order from your office on: **12/08/2020**

The Identification on the original requisition is: **SMITH,GREG**

Quest Accession #: **AL735634X**

A discrepancy has been identified with the identification of the specimen(s) and/or paperwork submitted.

() Unlabeled Specimen

Specimen Container:

(X) Misabeled (A new Requisition is REQUIRED for Misabeled Requisitions)

Specimen labeled as: **SMITH,GERRY**

() Post-Analytical Name Discrepancy (New Requisition REQUIRED)

**Protected Health Information**

(Name on the patient report is incorrect but discovered after test results have been reported.)

Please complete the following information:

1. Fill out the below information
2. A new requisition is REQUIRED for P.A.N.D. AND Misabeled Requisitions
3. Fax this form AND new requisition (if applicable) to : **Atlanta ML/UL (610) 271-8949**

Specimen and Requisition should be labeled as: (Indicates Required Information)******Patient Name:**Gerry Smith****Date of Birth:**06/16/1963

SSN: _____

Gender: M

Patient ID/Lab Reference #: _____

Additional Patient Information: _____

I take full responsibility for the accuracy of the information supplied.****Printed full name of Ordering Provider or Authorized Designee:**Jessica Harvard****Signature of Ordering Provider or Authorized Designee:**Jessica Harvard**For Quest Diagnostic's Use Only**Quest Diagnostics Representative: **Daniel**Date: **12/8/2020 12:21 PM**

The contents of this message, together with any attachments, are intended only for the use of the person(s) to which they are addressed and may contain confidential and/or privileged

