

LOCATION: (Circle or highlight appropriate site)

RL6#

MIB CRH FTT FOX LFH HHC OCH

### LABORATORY DATA FOLLOW-UP REPORT

Patient Name: MRN/DOB: DOS: LOC:

#### SECTION I: Type of error

- ☐ Incorrect visit number used. Order entered under CSN: Should have been CSN#: Ordering provider in LIS: Ordering provider on order: Entered as: Correct date/time: Test not performed. Test: Credit the following tests:
- ☐ Incorrect ordering provider.
- ☐ Incorrect specimen collection D/T entered.
- ☐ Specimen processing/handling error.
- ☐ Incorrect test ordered in the LIS, not ordered on requisition.
- ☐ Primary labeling error:
- ☐ Secondary labeling error (slides/aliquots/plates, etc):
- ☐ Test result correction/amended data:
- ☐ Other:

#### SECTION II:

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 reviewed?  
As a result of the error, did the provider:

1. Order another test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Repeat a test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Change the treatment or diagnosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Inform the patient or family of the result?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Describe fully any Yes answer:

Form completed by:

Staff member

Date

#### SECTION III: Amended Data

Date and time of initial result verification: Req/Spec:

Date and time of result correction:

Provider notification:

Provider Name

Date/Time

By

Describe what data was amended and why:

Amended by:

Staff member

Date

#### SECTION IV: Supervisor/Manager Review

Reviewed with:

Staff member

Date

by: Manager/Supervisor

QA/Billing Review: Email/scan form to Lab Data Follow-Up Form email group

RL6#: Credit/Charge Review: Epic Review: