

**SPECIMEN RECOLLECTION FORM**

**Specimen Recollection Form/Order**

**To be completed by person rejecting specimen:**

Patient Name: \_\_\_\_\_ MRN: \_\_\_\_\_ DOS: \_\_\_\_\_

Collection Location: \_\_\_\_\_ Ordering Provider Name/Number: \_\_\_\_\_

Reason for rejection/follow up: \_\_\_\_\_

Test(s) not completed: \_\_\_\_\_

Form Initiated by: (initials) \_\_\_\_\_  
(For outpatients, call the providers office.)

Name of person notified: \_\_\_\_\_ Notified by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

<b>Needed Follow up</b>	
<p style="text-align: center;"><b><u>Outpatient: Downtime</u></b></p> <p>Patient location: _____</p> <p><b>Recollect Information:</b></p> <p><input type="checkbox"/> Test(s) no longer needed</p> <p><input type="checkbox"/> Provider's office will contact patient</p> <p><input type="checkbox"/> to contact patient</p> <p><input type="checkbox"/> Reorder only the Following Test:</p> <p>_____</p>	<p style="text-align: center;"><b><u>Inpatient: Downtime</u></b></p> <p>Patient Location: _____</p> <p><b>Recollect Information:</b></p> <p><input type="checkbox"/> Test(s) no longer needed</p> <p><input type="checkbox"/> Recollect (Use Redraw Function)</p> <p><input type="checkbox"/> Nurse Collect (Notify CLP to transfer order)</p> <p><input type="checkbox"/> Reorder the Following Test:</p> <p>_____</p>

Has needed testing been transcribed:  Yes Initials: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_