

915 E. 1st. Street Duluth, MN 55805 218 249 5200

St. Luke's Laboratory

Identification of Unlabeled/Mislabeled Specimen

Incorrect Patient Name:	Incorrect DOB:
Correct Patient Information	
Patient Name:	
Correct DOB:	
Patient Location:	
Collection Date/Time:	
Specimen Type:	
Test Requested:	
patient's full name and preferably date of name and date of birth. Laboratory resul	al. St. Luke's standards require two unique patient identifiers: the birth. It is a requirement that you ask a patient to state their full is will be used to regulate therapy. For that reason, we ask you then you submitted belongs to the patient whose name and location
Signature:	Date:
Printed name for signature:	
Were patient values available to the phys mislabeled?	ician before the lab was notified that the specimen was
Vos No	