

Fax

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IDENTIFICATION DISCREPANCY FORM

Dear Valued Client: *Community Health Services*We received an order from your office on: *Jan 22 2025*The identification on the original requisition is: *R EB09992*Date of Birth: *12/03/1975*Quest Accession#: *15TH1229900*

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

☐ Unlabeled

Specimen Container:

☒ Mislabeled*Label says Bath O.*Specimen Labeled as: *instead of Bathany Collins*☐ Post-Analytical Name Discrepancy (New Requisition REQUIRED)

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

Please complete the following information:

Fax this form AND new requisition (if applicable) to: *1800745413*

Specimen and Requisition should be labeled as: (** Indicates Required Information)

** Patient Name: *Bathany Collins*** Date of Birth: *Jan 03, 1975*** Gender: *Female*** Patient ID: *P124423955* Lab Reference#: *R EB12223*** Billing Information (required for new patient): *Quest (HCS) Bathany Collins/15122233 Group 49903*

I take full responsibility for the accuracy of the information supplied:

** Printed Full Name of Ordering Provider or Authorized Designee: *Dr. Michael*

** Signature of the Ordering Provider or Authorized Designee: _____

For Quest Diagnostic's Use Only

Quest Diagnostics Representative: DOP001

Date: *1/21/2025*