

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 EB099922*Date of Birth: *12/03/1975*Quest Accession#: *15TH0229900*

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

☐ Unlabeled

Specimen Container:

☒ Mislabeled*Label says Bath C.*

Specimen Labeled as:

instead of Bathway 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: *1800455473*

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

** Patient Name: *Bathway Collins*** Date of Birth: *Jan 03, 1975*** Gender: *Female*** Patient ID: *15TH0229955* Lab Reference#: *R EB122233*** Billing Information (required for new patient): *Quest Diagnostics / 15TH0229955 / Group 49883*

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: *1/22/2025*