

# Specimen Labeling and Requisition Requirements for Courier Transport

The use of patient identifiers improves the reliability of the patient identification process and decreases the chance of performing the wrong procedure on the wrong patient. Additionally, the use of patient identifiers is necessary in the instance of two or more patients having the same name that can be spelled the same, or close to being spelled the same.

The patient requisition form must accompany the specimen; the requisition form needs to contain and match the same two patient identifiers as on the specimen. Note that use of patient name on the specimen tube is not a HIPAA violation. To prevent instances of misidentification and near-misses, the College of American Pathologist (CAP) require that for every patient encounter all requisitions and specimen containers/swabs be clearly labeled with the following information listed below:

## Requisition Requirements

- Patient’s Full Legal Name (first and last)
- Patient’s Date of Birth (MM/DD/YYYY)
- Collection Source
- Collection Date and Collection Time
- ICD-10 Diagnosis Code(s)
- Guarantor’s Insurance Information
- Guarantor’s Date of Birth

1) Patient's Full Name				CLINICAL LABORATORY REQUISITION																																													
Patient's Legal Name (Last, First, MI)				Physician Name (Last, First, MI)																																													
Date of Birth (Mo/Day/Year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number		Physician Address		City State Zip																																											
Address				Physician Office Number / Physician Fax Number																																													
City State Zip				Physician Signature																																													
Bill To: <input type="checkbox"/> INSURANCE <input type="checkbox"/> PATIENT <input type="checkbox"/> INSUREE <input type="checkbox"/> PHY OFFICE <input type="checkbox"/> CONTRACT				2) Patient's Date of Birth (MM/DD/YYYY)																																													
Responsible Party Name (Last, First)				Uninsured <input type="checkbox"/> Yes <input type="checkbox"/> No		3) Diagnosis Code																																											
Insured/Subscriber Name		Date of Birth (Mo/Day/Year)		Diagnosis Code(s)		4) Physician Signature																																											
Member/Policy/ID#		Group #		Authorization #		Physician Signature																																											
5) Collection Source				6) Collection Date																																													
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Source		Collection Date		Collection Time		Collector's Name																																											

## Specimen Labeling & Courier Transport

- Ensure sample is labelled with at least 2 patient identifiers and collection date/time.
- Ensure specimen container(s)/swab(s) is completely closed, preventing leaks.
- Place specimen in bag and close securely. One requisition per bag.
- Place completed requisition into the sleeve outside the bag.
- Store accordingly for pick up.

*\* Failure to include required information may result in cancellation of laboratory test.*

For more information, please contact our Laboratory Service Center at: 877-543-9522

**HMO patients not accepted at this time**