



**PORTER HOSPITAL, INC.
LABORATORY DEPARTMENT
115 Porter Drive
Middlebury, Vermont 05753**

PORTER LABORATORY PROBLEM

Specimen ID: _____

MED REC : _____

Patient Name on: _____
Requisition: _____

Date of Birth: _____

Sample: _____

PERSON WHO FOUND THE PROBLEM:

Name: _____

Discovery Date: _____

Explanation of Problem: _____

Requisition Problem:

- Missing Requisition
- Req./Spec Mismatch
- Missing/incorrect Information
- Select One:
 - Patient
 - Doctor
 - DOB
 - Billing
 - Testing
- Orders need Clarification
- Order entered incorrectly/missed
- Other: _____

Specimen Problem:

- Unlabeled Sample/Aliquot
- Mislabeled Sample/Aliquot
- Sample Identification in question
- Missing Sample/Aliquot
- No signature/Date (Blood Bank)
- Incorrect Sample Type
- QNS
- Tube Not filled/Tube Overfilled
- Sample Clotted
- Sample Hemolyzed
- Needle Attached
- Improper Storage
- Sample not labeled. Received in Biohazard bag with no other samples and sample is difficult to re-collect (pathology/cytology/Home Health)
- Other: _____

Reporting Problem:

- Incorrect Results Reported
- Reporting Delayed
- Critical Value Not Called
- Other: _____

Problem Resolution: _____

Who Caused the Problem? (Pick one)

- Floor Loc code: _____
- Outside office Specify: _____
- Laboratory
- Unknown

Documented By:

Name: _____

Date Completed: _____

Form to Laboratory Supervisor with copy of requisition OR other pertinent documentation.

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ACCOUNTABILITY FORM - SPECIMEN IDENTIFICATION AND WAIVER OF LIABILITY

I accept full responsibility for having correctly identified the specimen and patient as described above.

Contacted via telephone by _____

Collector/physician: (print name) _____

(signature) _____

(On all in-house collected samples, signature of collector required)

Position: _____ Date: _____

I will ensure that appropriate documentation of this event is made part of the patient record.

Lab Personnel: (print name) _____

(signature) _____

Position: _____ Date: _____

OUTCOME:

- Sample Rejected
- Accountability Form Completed
- Error Corrected
- Credit Issued
- No Action Necessary
- Other: _____

Supervisor: _____

Date Reviewed: _____

Severity: 1 2 3

PERTS filled out? Yes No

SUPERVISOR USE ONLY

3 = LITTLE OR NO PATIENT IMPACT

2 = DELAY OR INCONVENIENCE TO PATIENT OR MD

1 = ERROR RESULTING IN MISDIAGNOSIS, OVER TREATMENT, SIGNIFICANT TREATMENT DELAY OR OTHER SEVERE NEGATIVE PATIENT OUTCOME (FILE PERTS)