Specimen Rejection Log

Laboratory name: _____

CLIA #: _____

Location / department: _____

Month / Year: _____

Department / location: _____

Month / Year: _____

Date/Time	Accession / patient ID	Test(s)	Source / collector	Reason code*	Notified (name, date/time)	Recollect requested? Y/N	Initials

*Reason codes: 1 Unlabeled/mislabeled 2 Hemolyzed 3 Clotted 4 QNS 5 Wrong container/additive 6 Exceeded stability 7 Improper temp/transport 8 Requisition missing/incomplete 9 Other (describe)

Monthly review by / date: _____

Regulatory reference (verify against current eCFR): 42 CFR 493.1242 – specimen submission, handling and referral; 42 CFR 493.1251(b)(1) – procedures include criteria for specimen acceptability and rejection.