INSTITUT PERUBATAN DAN PERGIGIAN TERMAJU (IPPT)
UNIVERSITI SAINS MALAYSIA (USM)

Advanced Diagnostic Laboratory

Rejection Form

To whom it may concern,

Address/ward/clinic: _____

Patient's name : _____ Date received: _____

PID / IC : _____

Sir / Madam,
Sorry to inform that we have to reject the request for the above mentioned patient due to the reason/s as follows:

FIRST LEVEL REJECTION

- ☐ No name on the request form / specimen.
- ☐ Information on request form is not tally with specimen.
- ☐ Incomplete identification card / registration number.
- ☐ No name, signature and stamp of authorized requester / clinician.
- ☐ Test is not indicated.
- ☐ Unsatisfactory specimen, e.g. spillages, breakages and etc.

SECOND LEVEL REJECTION

- ☐ Inappropriate sample container / request form.
- ☐ Test is not available.
- ☐ No clinical history information (whenever applicable).
- ☐ Compromised sample such as haemolysed, clotted, insufficient, aged or other causes of unsuitable sample for analysis.
- ☐ Inappropriate sample transportation.

Note:

- ☐ Sample is being kept in the laboratory (____days)
- ☐ Sample discarded. New sample required.
- ☐ Others (specify)_____

Informed to: _____ Time: _____

Rejected by: _____ Date: _____

Sign and Stamp _____