**Job Aid 3: Accessioning Resolution Form 3-02**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient’s Name** | | **Test / # of Specimens** | | | **Location** | **Problem** | | | | | | | | | | | | | | | | | | | | | | | **Action Taken** | | | | | | | | **Initials**  **Date/ Time** | |
|  | |  | | |  | **1** | | **2** | | **3** | **4** | **5** | **6** | **7** | | **8** | | **9** | | **10** | | | **11** | | | **12** | | **13** | **A** | | **B** | **C** | **D** | **E** | **F** | **G** |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | **1** | | **2** | | **3** | **4** | **5** | **6** | **7** | | **8** | | **9** | | **10** | | | **11** | | | **12** | | **13** | **A** | | **B** | **C** | **D** | **E** | **F** | **G** |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | **1** | | **2** | | **3** | **4** | **5** | **6** | **7** | | **8** | | **9** | | **10** | | | **11** | | | **12** | | **13** | **A** | | **B** | **C** | **D** | **E** | **F** | **G** |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | **1** | | **2** | | **3** | **4** | **5** | **6** | **7** | | **8** | | **9** | | **10** | | | **11** | | | **12** | | **13** | **A** | | **B** | **C** | **D** | **E** | **F** | **G** |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | **1** | | **2** | | **3** | **4** | **5** | **6** | **7** | | **8** | | **9** | | **10** | | | **11** | | | **12** | | **13** | **A** | | **B** | **C** | **D** | **E** | **F** | **G** |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Problems Encountered** | | | | | **Action Taken** | | | | | | | | | |  | |  | |  | |  |  | |  |  | |  | |  |  | | | | | | | |  | |
| **1** | Unlabeled specimen | **8** | | Insufficient quantity | | | **A** | | Phone < 5 min to resolve | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | |
| **2** | Unlabeled Form | **9** | | Received broken | | | **B** | | Phone > 5 min to resolve | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | |
| **3** | No specimen received | **10** | | Wrong tube/ specimen & form differ | | | **C** | | Passed on to laboratory section to further resolution | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | |
| **4** | No form received | **11** | | Name on specimen and form differ | | | **D** | | Made out form | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | |
| **5** | No test on form | **12** | | Received empty | | | **E** | | Held at reception for 1 week | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | |
| **6** | No location on form | **13** | | Specimen leaked in transit | | | **F** | | Discarded immediately | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | |
| **7** | No ordering clinician | |  | |  | | **G** | | Other | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Recp-Rej-F001; v3  02/05/2014 | |