**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; v302/05/2014 |