



PB SAM SAMPLE REJECTION FORM

Site Name:	Participant Initials _____	Participant Id [] [][][][][]			
Collection Time Point					
Admission	Discharge	RLL	Day 21	Day 60	*Re-admission
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample type					
<input type="checkbox"/> EDTA Plasma Purple top 3ml		<input type="checkbox"/> RECTAL SWAB Dry (R1) <input type="checkbox"/> RECTAL SWAB Wet (R2)		<input type="checkbox"/> Stool	

The laboratory is unable to receive the above-mentioned sample(s) due to the following reason(s)

(Please tick all that apply)

Tick as appropriate	Reason for rejection
<input type="checkbox"/>	Mismatched specimen
<input type="checkbox"/>	Insufficient sample/specimen (for EDTA plasma less than 0.5 ml)
<input type="checkbox"/>	Incorrectly/mislabeled specimen
<input type="checkbox"/>	Specimen/sample clotted
<input type="checkbox"/>	Unlabeled specimens/samples
<input type="checkbox"/>	Specimen/sample collected in wrong tube
<input type="checkbox"/>	Specimen/sample hemolyzed (receive, document and store plasma).
<input type="checkbox"/>	Specimen collected in expired primary container

Others reasons note listed above (specify):

FILE COMPLETED BY: _____ DATE: ____ / ____ / ____

CLINICIAN NOTIFIED: _____ DATE: ____ / ____ / ____

PROCESS REVIEW BY: _____ DATE: ____ / ____ / ____