



SMA Specialty Medical Lab

PHONE: 215-322-6590 • FAX: 215-322-9524

940 Pennsylvania Blvd, Suite A
Feasterville-Treves, PA 19053

Mislabeled Specimen Correction

Dear Valued Client:

We received a specimen(s) from your office on: _____

With an accession of: _____

The name on the REQUISITION is: _____

The name on the SPECIMEN is: _____

**PLEASE PROVIDE CORRECT PATIENT NAME, SIGN THE FORM AND FAX BACK
AS SOON AS POSSIBLE TO NOT CAUSE DELAYS. THANK YOU.**

RETURN FAX NUMBER IS 215-322-9524

Complete the following information:

I have reviewed and found that the specimen(s) and requisition should have been labeled
_____ (PRINT CORRECT PATIENT NAME)

I take full responsibility for the accuracy of the information supplied

Name of the Representative or Physician: _____ (PRINT PLEASE)

Signature: _____ Date: _____

Additional corrections include:

Insurance Name: _____ Insurance ID#: _____

Date of Birth: _____ Gender: _____ Fasting: _____

Patient's address: _____

Other changes from original form: _____

LAB USE ONLY:

Lab Representative: _____ Date: _____