

**DECLARATION FORM – INADEQUATELY LABELLED REQUEST FORM AND/OR SPECIMEN**

Instruction to analyse sample(s) when the Request Form and/or the Specimen does not meet the Trust’s Mandatory Labelling requirements.

Information required	Details Given
First name and Surname	
DOB	
Location (Ward No / OP / Unit)	
Hosp / NHS / A&E number	
Consultant or GP	
Date of Request	
Time of Collection	
Clinical Details	
<b>Investigation / Tests required</b>	
Infection Status (where relevant)	
Signature & printed in capitals & contact number	
<b>Reason why this sample/investigation CANNOT be repeated AND is still required</b>	

The labelling of the above **Specimen** or **Request Form** did not meet the Trust’s Mandatory Labelling requirement. **The sample will not be processed until this form has been completed and returned to the department.**

I request that the above specimen be processed. I accept responsibility for any clinical decisions that will be made on the basis of these results. Clinical decisions will be taken in the knowledge that the results may not belong to this patient.

Signature ..... Print name .....

Post ..... Consultant..... Date .....

**Microbiology requests** - please return completed form by email, pod, (or by hand) to the local Microbiology Laboratory: Leeds General Infirmary or email to [microbiologydept@nhs.net](mailto:microbiologydept@nhs.net)  
0113-392-3499 (phone)

**Blood Sciences requests** – please return the completed form via the POD system (or by hand) to the local Blood Sciences Laboratory at LGI or St James.

**Transplant Immunology Requests** – please return the completed form via email to [leedsth-tr.H-I@nhs.net](mailto:leedsth-tr.H-I@nhs.net).  
(If any queries, contact the on-call H-I scientist - available via switch)

This form may be downloaded from EQMS and completed manually or electronically. The FORMAT of the form MUST NOT be altered other than through the document management system.