

MEMORANDUM FOR DIFFICULT SAMPLE COLLECTIONs

Patient's SAP/OAS label

CPOE label
(if any)

To Laboratory staff,

Please kindly attempt analysis of this patient's low volume sample, as defined below.

Low volume sample for Clinical Chemistry testing (tick container type as appropriate):

| Plain blood tube |
|--|
| <input type="checkbox"/> Paediatric tube <small>(<0.5 mL for single analyte or <1.1 mL for panel)</small> |
| <input type="checkbox"/> Adult tube <small>(<1.5 mL for single analyte or <2.5 mL for panel)</small> |

| Wide mouth sterile container |
|--|
| <input type="checkbox"/> Paediatric urine sample (<3 mL) |
| <input type="checkbox"/> Adult urine sample (<20 mL) |

Reason for low sample volume (mandatory, incomplete forms will be rejected)

I understand that the laboratory may not be able to process the sample due to the technical limitations imposed by the low volume.

Please call me at _____ (requestor's extension no./ HP) if this patient's specimen is rejected.

| Information required for audit purpose: | |
|---|--|
| Patient's consultant | |
| Patient's location | |

Requestor Name Stamp / Signature / Date & Time