

Client Variance Report

Patient Name _____ Facility Name _____
 Specimen RM# _____ Specimen Date _____
 Date Reported _____

<input checked="" type="checkbox"/>	<u>Please check the appropriate descriptor for the occurrence being reported.</u>
	Specimen not received by the reference laboratory
	Unacceptable turnaround time from the reference laboratory. <i>Please be specific:</i>
	Incorrect testing by the reference laboratory. <i>Please be specific:</i>
	Tests missed by the reference laboratory. <i>Please be specific:</i>
	Clerical error by the reference laboratory (circle all that apply) a. Patient's name b. Reporting comments c. Wrong physician
	Other (Describe) <i>Please be specific:</i>

Prepared by: _____ Date: _____

Outcome Summary

(To be completed by AMRL)

Outcome Assessment:

- _____ Insignificant, no potential patient impact
- _____ Potentially significant, but no patient impact occurred
- _____ Significant, patient impact documented

Actions Taken/Comments:

Suggestions to Prevent Recurrence:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Outreach Consultant: _____ Date: _____

Clinical Supervisor: _____ Date: _____

CC: General Counsel