Client Variance Report

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

✔ Please check the appropriate descriptor for the occurrence being reported.
Specimen not received by the reference laboratory
Unacceptable turnaround time from the reference laboratory. Please be specific:
Incorrect testing by the reference laboratory. Please be specific:
Tests missed by the reference laboratory. Please be specific:
Clerical error by the reference laboratory (circle all that apply)
   a. Patient’s name
   b. Reporting comments
   c. Wrong physician
Other (Describe) Please be specific:

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