

Recheck Form

Graham-Massey Analytical Labs, Inc

(Items preceded with an "\*" must be completed by person making request)
Fax completed form to Graham-Massey Analytical Labs, Inc., 203-225-2744.

\*Account Number: \_\_\_\_\_ \* Date: \_\_\_\_\_

\*Authorized Person Making Request (print name): \_\_\_\_\_

\*Position at Account: \_\_\_\_\_ \*Telephone Number: \_\_\_\_\_

\*Signature: \_\_\_\_\_

\*\* For a semi-quantitative recheck, this formed must be signed by the ordering provider.\*\*

Please note that tests added using this form must have been requested on the original requisition, otherwise the Add-On Test form must be used.

\*Patient Name/ID: \_\_\_\_\_

\*Barcode: \_\_\_\_\_ Accession Number: \_\_\_\_\_ \*Collection Date: \_\_\_\_\_

\*Test(s) to be rechecked: [ ] Immunoassay [ ] Quant = Quantitative Immunoassay
[ ] GC/MS = Gas Chromatography/Mass Spectrometry

- Amphetamines Oxycodone THC/Cannabinoids
Barbiturates Propoxyphene PCP
Cocaine Metabolite Methadone Metab Benzodiazepines
Meperidine Ethanol Other:
LSD Opiates

For Laboratory Use Only

Original Result: \_\_\_\_\_ Original Report Date: \_\_\_\_\_

Aliquotted By: \_\_\_\_\_ Date: \_\_\_\_\_ Results/Notes: \_\_\_\_\_

Analyzed By: \_\_\_\_\_ Date: \_\_\_\_\_

QC Review By: \_\_\_\_\_ Date: \_\_\_\_\_

Billed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reported By: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please note that recheck results different from the original result must be reviewed by the supervisor or director.