

Corewell Health Reference Laboratory West  
Pathology and Laboratory Medicine  
Phone: 616-267-2660  
Fax: 616-267-2661

## Corrected Report Request for Pathology Testing

*Written notification from the physician is required to change information in a pathology report.*

On \_\_\_/\_\_\_/\_\_\_ our office sent specimen(s) and/or requisition form(s) to Corewell Health Reference Laboratory West labeled as follows:

Originally submitted Patient Name:
Originally submitted Date of Birth:
Originally submitted Specimen Designation:
Originally submitted Procedure:
Originally documented Collection Date & Time: ___/___/___ ___:___ AM / PM

The specimen and/or requisition were labeled incorrectly. Please change to the following:

Correct Specimen Designation:
Correct Procedure:
Correct Collection Date & Time: ___/___/___ ___:___ AM / PM

It is Corewell Health policy that any precious specimen patient identifier issues **require the collector to come on site** to make the correction. It is against Corewell Health policy to make patient identifier corrections to specimens considered non-precious. Non-precious specimens with incorrect identifiers will be discarded and will require recollection.

Physician Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Physician Name (printed) \_\_\_\_\_