

**SPECIMEN DEFICIENCY FORM**

Date: \_\_\_\_\_

To: \_\_\_\_\_

At: \_\_\_\_\_

RE: \_\_\_\_\_

**PROBLEM:**

- Requisition Form missing
- Specimen container missing
- Patient name not on the specimen container
- Discordant information between requisition form and container

Please correct the problem(s) cited above and return to:

Salem Hospital Regional Laboratory  
Pathology Department

Pathology Department phone 503.561.5350

Courier Service phone 503.561.5390 and 1.800.562.7542

Thank you,

Salem Hospital Pathology