



# Discrepancy Disclaimer Form

Client: \_\_\_\_\_

Discrepancy Reported By: \_\_\_\_\_

On the date of: \_\_\_\_\_

Patient: \_\_\_\_\_

Acc. Number \_\_\_\_\_

**Check any that apply:**

Specimen mislabeled

Requisition has incorrect information

Specimen unlabeled

Requisition is incomplete or missing

Specimen is missing

Specimen & requisition don't match

Patient billing sheet has incorrect information

Patient billing sheet is incomplete or missing

**Description (in detail) of discrepancy:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Immediate resolution:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorized resolution:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I authorize Caris Diagnostics to enact the above *Authorized Resolution***

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

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Center/ Hospital/ Office I represent*

*(For Pathology Partners use)*

\_\_\_\_\_  
*Laboratory Director signature*

Reviewed on: \_\_\_\_\_

\_\_\_\_\_  
*Date*

**FAX COMPLETED FORM TO: (866)-688-3280**