Discrepancy Resolution Form

Please complete the blank fields and fax back to 866.688.3280 or email form to clientservices@informdx.com

PATIENT INFORMATION

Patient Name	
Inform Diagnostics Accession No.	Date of Birth

CLIENT INFORMATION

Client Name		Client ID
Address		
City	State	Zip

I authorize Inform Diagnostics to use the authorized resolution described below.
Form must be signed by authorizing clinician (or designee).

Ordering Clinician Name (please print)	
Designee Name (please print)	Title
Center/Hospital/Practice	
Signature	Date

DISCREPANCY INFORMATION

Check any that apply

- ☐ Specimen mislabeled
- ☐ Requisition has incorrect information
- ☐ Patient billing sheet has incorrect information
- ☐ Specimen & requisition don't match
- ☐ Specimen unlabeled
- ☐ Requisition is incomplete or missing
- ☐ Patient billing sheet is incomplete or missing
- ☐ Specimen is missing

Description of discrepancy

Authorized resolution

1111 S. Freeport Pkwy. / Coppell, TX 75019 / 866.588.3280 / Fax: 866.688.3280 / CLIA 45D0975010
15 Crawford St, Suite 100 / Needham, MA 02494 / 866.588.3280 / Fax: 866.688.3280 / CLIA 22D0957540
© 2024 Inform Diagnostics, Inc. All rights reserved. MLS-20-0005F1.4 12.24