



DERMATOPATHOLOGY
ASSOCIATES

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DATE FAXED: _____

BY: _____

DOCTOR: _____

FAX #: _____

CASE #: _____

SPECIMEN MISLABELED

Your Patient Name (as shown on req. form): _____

Your Date of Surgery (as shown on req. form): _____

We recently received the attached requisition form from your office. The specimen is not adequately labeled or there is a potential discrepancy in the anatomic site of the specimen(s) as reported to us by your office specifically

We cannot issue a final report until someone from your office verifies, in writing (see below), the correct specimen location. Laboratories are required by Federal licensing regulations to reject mislabeled specimens.

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The correct anatomic site for the above-referenced patient's specimen is:

SIGNED NAME: _____

PRINTED NAME & TITLE: _____

DATE: _____