

1 Clinic Name \_\_\_\_\_

2 Provider Name \_\_\_\_\_

3 Patient Name \_\_\_\_\_

4 Patient Date of Birth \_\_\_\_\_

5 Collection Date \_\_\_\_\_

Streamline Scientific Laboratory has recently received a patient sample that has a missing or incorrect second identifier on the sample collection device. To proceed with processing the sample, please provide the patient's full name and date of birth along with your approval for the laboratory to process the sample.

The use of two identifiers, such as patient name and date of birth, reduces the risk of misidentification and ensures that the sample is matched correctly with the patient's information. This is critical for maintaining the integrity of the testing process and ensuring the laboratory remains compliant with its regulatory agency.

Please indicate your approval to add/correct a second identifier and process the patient sample by signing below.

This form can be submitted via secure email to [accountmanagers@streamlinesci.com](mailto:accountmanagers@streamlinesci.com) or secure fax # 877-796-6185.

6 Provider/Designee \_\_\_\_\_

7 Date \_\_\_\_\_

