



IMPORTANT Positive Identification Requirements for REQUISITIONS & SPECIMENS

Clinical Labs of Hawai'i (CLH) is required by our accrediting agencies, The Joint Commission (TJC) and the College of American Pathologists (CAP) to accept only the following items:

- Requisitions and specimen containers labeled with a minimum of **TWO** patient identifiers:
 - Patient Name (first and last)
 - Date of Birth and/or Medical Record Number

Patient information on the requisition and specimen container MUST MATCH EXACTLY

Please help us to ensure patient safety and comply with all regulatory agency standards by providing accurate and complete information. Any discrepancies with information will result in delays and a possible cancellation of testing.

Specimen Label:

Mandatory information required:

- **Mandatory** Patient Name (first and last)
- **Mandatory** Date of birth and/or medical record number
- **Optional** Date of collection (may be necessary to determine stability for specific tests)

Laboratory Requisition:

Mandatory information required:

- Requesting Physician Name (first and last)
- Requesting Physician Address and phone number
- Patient Name (first and last)
- Patient Date of Birth
- Patient Sex
- Patient Address and phone number
- Date of Collection (if specimen is submitted to the lab)
- Source of Specimen (if specimen is submitted to the lab)
- Diagnosis ICD-10 code (relevant to the type of specimen submitted and patient condition) if billing to insurance
- Insurance information (name of carrier, subscriber number, and subscriber name) if billing to insurance
- Test ordered

If you have any questions, please contact our Client Services Department at 808-677-7998 on Oahu or 1-866-281-6816 toll free.

Thank you for choosing Clinical Labs of Hawaii.