



GARCIA LABORATORY

2900 SPRINGPORT ROAD JACKSON, MI 49201
PHONE (800)888-8598 FAX (517)787-1249

Labeling Discrepancy Verification

I verify that the sample(s) received labeled _____ belong to:

First & Last Name: _____

DOB or ID#: _____

It's okay to process the tests as ordered for this patient.

Print your Name: _____

Signature: _____

Date: _____

Additional Comments: _____

If the original requisition was sent mislabeled send a correctly labeled requisition with this signed form.

Confidentiality Statement

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