

Title: Sample Rejection Criteria**SOP References:****Supersedes:****Flow Cytometry for CD4 enumeration
Specimen Rejection Form**

Date: _____ Patient ID: _____

Sample collected by: _____

Date and Time of collection: ____/____/____ : ____
dd/mm/yyyy hh : mmDate and time received in the immunology laboratory: ____/____/____ : ____
dd/mm/yyyy hh :mm

Sample received by: _____ Sign: _____

Reason for rejection: (√) the applicable one

- ☐ Quantity Not Sufficient (QNS)
- ☐ Clotted specimen
- ☐ Lack of, or improper procurement information as listed on the sample collection form
(appendix 1)
- ☐ Hemolyzed blood specimen.
- ☐ Sample more than 24 hours old.
- ☐ Specimens transported on ice/ice packs.
- ☐ Incorrectly labeled specimen (un matching information on specimen and forms).
- ☐ Unlabeled specimen
- ☐ Specimen drawn into tube containing anticoagulant different from protocol specification
(i.e EDTA).

Sample rejected by: _____ Date: _____

Comments:
