

**McLaren Print System Order**

**Order No: 8822**  
**Order Date: 2015-02-06**  
**User: Sue Siavoshnia**  
**Phone: 810-342-2337**

**Ship Location: 1 South Lab ATTN: SUE SIAVOSHNI**  
**401 S Ballanger Hwy**  
**Flint, mi 48532**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 34010**  
**Dept Name: Laboratory**  
**Company Number: 60**

**Order Total Price: 4.04**

**Item Number: M-23097**  
**Item Description: Problem Identification / Investigation Form**  
**Revision Date: 10/2012**  
**Print: 2 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: Padded (100 Sheets Per Pad)**  
**Drill: None**  
**Misc Info: Order the amount of sheets you would like to receive.**

McLaren Flint  
FLINT, MICHIGAN  
REFERENCE LABORATORY  
PROBLEM IDENTIFICATION / INVESTIGATION FORM

Please complete, attach any results and forward to Lab Office for follow-up.

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_  
SS #: \_\_\_\_\_ Dr./Clinic: \_\_\_\_\_

\_\_\_\_ 1. No orders. Type of specimen: \_\_\_\_\_  
\_\_\_\_ 2. No specimen. Type of specimen/feet missing: \_\_\_\_\_  
\_\_\_\_ 3. Specimen received unlabelled. Please footnote at result entry.  
\_\_\_\_ 4. Specimen unacceptable for processing. **TESTS TO CANCEL:**  
\_\_\_\_ a. QNS \_\_\_\_\_  
\_\_\_\_ b. Grossly hemolyzed \_\_\_\_\_  
\_\_\_\_ c. Other: \_\_\_\_\_

\_\_\_\_ 5. Specimen received unaport  
\_\_\_\_ a. Coag - over 4 hours. Please footnote  
\_\_\_\_ b. Chemistry. Please footnote per special instructions

\_\_\_\_ Lab Assit (date/time) \_\_\_\_\_ Tech (date/time)

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