University Of Michigan Hospitals
Department of Pathology
OCCURRENCE REPORT FORM

(* Required Information) Quality Assurance Document, Confidential, MCLA 333.21515,20175

Correct Patient Information

***Patient Name:** _____

***CPI #:** _(_ _ _ _) _ _ _ _-_ _ _-_

***Accn #:** _ _ -_ _ _ -_ _ _ _

***Sex:** □ M □ F

***Person Affected:** □ Inpatient □ Outpatient □ Other: _____

Information on label- Identification Incidents ONLY

Patient Name: _____

CPI #: _(_ _ _ _) _ _ _ _-_ _ _-_

Accn #: _ _ -_ _ _ -_ _ _ _

Correction in Computer: □ N/A □ Yes

Person Making Correction: _____

***Injury Occurred?:** □ No □ Yes ***Equipment Involved:** □ No □ Yes (Additional Information Needed including serial numbers, lot numbers, etc)

***Incident Date:** _ _/_ _/_ _ _ _ ***Incident Time:**_ _:_ _ **Location:** _____ **Reported By:** _____

*Specimen/Lab Test

□ Adverse Reaction
□ Delayed Critical Result
□ Delayed Normal Result
□ Destroyed Specimen
□ Deviation from SOP
□ ID/Specimen Mismatch
□ Incomplete Requisition
□ Incorrect Label
□ Incorrect Results
□ Incorrect Specimen
□ Incorrectly Performed Test
□ Lost Results
□ Lost Specimen
□ Quality Control Issue
□ Reagent/Supply Issue
□ Result Validity Issue
□ Results Posted to Wrong Patient
□ Tissue Trauma from Test
□ Transcription Issue
□ Unlabeled Specimen
□ Wrong Patient
□ Wrong Test
□ Other: _____

*Reported Contributing Factor

□ Action by Other
□ Action by Patient
□ Communication Failure
□ Distraction
□ Equipment/Supplies Faulty
□ Equipment/Supplies Not Available
□ Heavy Workload
□ Inexperienced Staff
□ Instrument Calibration
□ Interference by Other
□ Lack of Supervision
□ Lack of/Inadequate Training
□ Long Work Hours
□ Order Entry Error
□ Order/Requisition Issue
□ Patient Identification
□ Policy/Procedure Issue
□ Reagent Problem
□ Staffing Issue
□ Teamwork Failure
□ Transcription Error
□ Transport of Specimen
□ Other: _____
□ Not Applicable

*Immediate Action

□ Consent Clarified
□ Environment Reviewed
□ Equipment Left On for Investigation
□ Equipment Sequestered
□ Equipment/Supplies Reviewed
□ Inform Staff
□ Physician Notified
□ Policy/Procedure Reviewed
□ Recall Patient
□ Recollect Specimen
□ Repeat Analysis
□ Repeat Specimen/Test
□ Staff Reinstructed
□ Supervisor Notified
□ Other: _____
□ Not Applicable

Where in Process did Incident First Occur

□ Administration □ Inventory □ Quality Control □ Specimen Collection □ Other: _____
□ Dispensing □ Ordering □ Reagent/Supplies □ Transcription

Suggestions for Avoiding Similar Incident in the Future: _____

*Brief Factual Description Nature of Injury

□ **No Injury**
□ Additional Treatment Required
□ Admission, Readmission, Extended Stay
□ Infection
□ Return to OR, Redo
□ Wound Deterioration
□ Other: _____

Comments and Additional Actions Taken (Date and initial all entries):

Director/Supervisor's Review: _____ **Review Date**: _ _/_ _/_ _ _ _

8/20/04 **QA Review by ___/___/___Date:** _ _/_ _/_ _ _ _ **Risk Management Report #**_____