Laboratory Quantity Not Sufficient (QNS) Request Form CLP.04.16.F01

Request form MUST accompany tubes to the laboratory

NO add on testing will be performed on QNS samples that are accepted with this request.
❖ Request can NOT be used for blue top tubes; these tubes need to be filled, no exceptions.
❖ Request should include only those tests that are medically necessary.
❖ Samples with < 1 mL of blood cannot be processed and analyzed.

Patient Name: ___________________________ Patient Date of Birth: ____________

OR place label:

Requestor's Name: _________________________ Phone: _________________________

Special Considerations: ______________________________________________________
__________________________
__________________________

------------------ DO NOT WRITE BELOW - FOR LABORATORY USE ONLY ------------------

Accession number: ________________
Measurement: ________________