**Repeat Sample Request Form**

**Complete this form and email to** **info@genqa.org**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GenQA Participant number** | **G** |  | **Laboratory name** |  |

**Please note: Repeat samples supplied will be identical to those sent out originally.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EQA Name** | **Sample type** | **Case No.** | **Patient Name** | **Patient DOB** | **Sample ID/****Block Number** | **Reason for repeat sample request** |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sample requested by** |  |  | **E-mail** |  |  | **Date** |  |

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| --- |
| **For GenQA use only** |
| Sample packaged by |  |  |
| Sample checked by |  |  |
| Repeat Sample Spreadsheet completed |  |  |