



Request for Additional Samples / Reports

Participant Number: _____

Laboratory Name: _____

Contact Person: _____

Phone: _____

Email: _____

Additional Sample Required

Sample Label	Reason

Report Reprint Required

Program	Month	Reason

If either additional sample or report is due to a method code change, please ensure you have filled out a Method Code Change form.

Please return this completed form to the Haematology QAP to:

Email – haemqap@rcpaqap.com.au

or

Fax +61 2 9933 0199

Date of next Review: February 2011	Date: 12 January 2010
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