

Request for Additional Sample, Result Amendment and Report Reprint HQF150

| Requested by | | | |
|--------------------|--|----------------|--|
| Participant Number | | Institution | |
| Your Name | | Your Phone | |
| Your Email | | Date Requested | |

| Additional Sample Request | | | |
|-----------------------------------|--|--------|--|
| Sample Required Program Cycle/Run | | Reason | |
| Sample Required Program Cycle/Run | | Reason | |
| Sample Required Program Cycle/Run | | Reason | |

| Amend Result Request | | | |
|----------------------|---------|-------------|-----------|
| Program Cycle/Run | Analyte | Change from | Change to |
| | | | |
| | | | |
| | | | |

| Report Reprint Request | | | |
|-----------------------------------|--|--------|--|
| Report Required Program Cycle/Run | | Reason | |
| Report Required Program Cycle/Run | | Reason | |
| Report Required Program Cycle/Run | | Reason | |

Return to Haematology QAP – haematology@rcpaqap.com.au
FAX (+61 2) 9933 0199

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|------------------------|--|------|--|
| OFFICE USE ONLY | | | |
| Staff | | Date | |