Nam	e of Organization:		Name of Dept:							Document No:		RF.2	
Title	Laboratory Sample Rejection Register									Page No:		Page 1 of 1	
S. No.	Patient Name	Patient /Bill ID	Sample type	Ref Doc Name/ Self	Date/Time of Sample Collection	Collected by	Sample Transport Temp	Date/Time of Sample Rejection	Reason for sample rejection	Rejected by	Rejec infor to:		Date & Time of Information

sample that are rejected as per Sample Rejection Policy of the Laboratory are mentioned in this document by the technician rejecting the samples. The reason for rejection and technician details are clearly mentioned. For rejected samples – repeat samples should be collected

Issue No: 1	Issue Date: 28.11.2022	Amend No: 00	Amend Date:	Copy No: 01					
Prepared/Issued by:	Quality Manager	Approved by	Laboratory Director						
Signature		Signature							
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