



## **REFUSAL OF PATIENT TO HAVE TESTS PERFORMED**

There are occasions where patients may refuse to have performed all or some tests, which have been requested by the referring practitioner.

It may thus be inappropriate to proceed to take specimens from the patient, but not to proceed may render the practitioner and Awanui Labs Northland liable should some condition be missed.

The collection staff should:

1. Contact the referring doctor and advise him/her of the patient's wishes.
2. Request the patient to complete the declaration below, indicating his/her refusal to have the test or tests performed. If the patient does not wish to sign this form, such refusal should be documented by the staff.
3. Forward the form (and documentation if patient refused to sign), to the phlebotomy head of department.

I, \_\_\_\_\_ decline to have the following test/s performed:  
(Please print name)

I understand that my refusal may prevent a correct diagnosis being made or appropriate treatment given.

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### **Pathology Collector to complete the following:**

I advised Doctor \_\_\_\_\_ (Name)  
of \_\_\_\_\_ (Clinic Name and Address)

that \_\_\_\_\_ (Patient's Name) refused to have test/s performed.

Name of Collector \_\_\_\_\_ Signature \_\_\_\_\_

Collection Centre Site: \_\_\_\_\_ Date: \_\_\_\_\_