

Patient Request for Copy of QML Pathology Results

Results will take at least 10 working days to process.

An administration fee applies to all copies of results - please see below for details and pricing.

Patients must collect their results in person from QML Pathology at a laboratory or collection centre and supply photographic ID including example of signature, e.g., drivers licence or passport, or two other forms of identification, including one with example of signature, e.g., birth certificate, marriage certificate, Medicare card, pension card or credit card.

FORM A

PATIENT DETAILS Please print clearly. All details must be completed in full.

FILE NO.

Last Name First Name

Middle Name Title (please circle) Mr / Mrs / Ms / Miss / Dr

Medicare Number Date of Birth / /

Current Address

Home Phone Work Phone Mobile

Referring Doctor Details

Doctor's Name.....

Surgery Suburb State

Test Details

Test Name (if known)

Date specimen(s) collected 1) / / 2) / / 3) / / 4) / /

Address at time of testing Suburb State

(if different to address given above)

PICK UP LOCATION Please indicate how you will pick up your results

Laboratory (please nominate).....

Collection centre (please nominate)

To locate your nearest laboratory or collection centre, please visit qml.com.au or call (07) 3121 4444

Via Mail (remote areas and overseas only)

For mail option copies of identification and payment must be included with this form prior to results being released.

FEES & PAYMENT

Administration fees

All results available on 1-3 episodes: \$25.00

All results available on 4-8 episodes: \$35.00

All results available on 8+ episodes: \$55.00

Preferred Method of Payment

Cheque (please make payable to QML Pathology)

Money Order

Credit Card*

*A Customer Support Specialist will call you on the contact number indicated above to process payment of your request.

To complete form digitally: Save PDF to desktop and complete all relevant fields.

Once complete, save and email form to: CallCentreAdmin.qml@qml.com.au

If completing this form in hard copy, please scan and email to: CallCentreAdmin.qml@qml.com.au

Request for Copy of QML Pathology Results: Confirmation Form

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FORM B

DECLARATION To be signed on collection of results.

I understand that

- I must supply proof of identity when collecting these results. This proof of identity must be in the form of:
 - a) photographic ID including example of signature, e.g., drivers licence or passport **OR**
 - b) two other forms of identification (including one with example of signature), e.g., birth certificate, marriage certificate, Medicare card, pension card or credit card.
- I should arrange a consultation with my doctor if I require interpretation of these test results.

Signature Date / /

**Please return form to your nearest QML Pathology collection centre, or alternatively post to:
QML Pathology, PO Box 2280, Mansfield QLD 4122.**

If you have any questions please call 1800 677 491.

OFFICE USE ONLY To be completed by QML Pathology staff.

Collection centre staff: Please return this form to your branch upon collection of results by patient. Ensure identification has been checked, payment received and receipted, and 'Patient Request for Copy of Pathology Results' form has been signed by patient.

QML Pathology Staff Member Name

QML Pathology Staff Member Signature.....

QML Pathology Lab Number

Date results collected by patient / / ID sighted Yes No

ID type, e.g., drivers licence, passport.....

Relevant ID no. e.g., licence no., passport no.

PATIENT DETAILS

Last name:..... First Name..... Middle Name.....

Title (please circle) Mr / Mrs / Ms / Miss / Dr Date of Birth / /

Current Address.....

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