

Specialist Diagnostic Services Pty Ltd (ABN 84 007 190 043) t/a QML Pathology APA No.000042 11 Riverview Place, Metroplex on Gateway, Murarrie, Qld, 4172. Ph (07) 3121 4945

PATIENT'S SIGNATURE

DO NOT BULK BILL

Request to be pre-paid at time of collection by Credit Card ONLY.

PATIENT SELF REQUEST FORM

PATIENT FAMILY NAME	GIVEN NAMES		SEX	DATE OF BIRTH	FILE No.	
PATIENT ADDRESS	POS	TCODE		TEL (HOME & MOBILE)	TEL(BUS)	
TESTS REQUESTED					Is patient:	Fasting
•	- PRIVATE & CONFIDENTIAL					Non Fasting □
Please tick test/s you re	quire:					
☐ Hair Drug Screen						
☐ Carbohydrate Deficie	ent Transferrin (CDT)					
QML Pathology Uses	:					
Request must be PRE-PAID AT	TTIME OF COLLECTION by Credit Card ONLY	Pre-Paid Receipt Number:				
Photo Identification Sight	ed:					
☐ Drivers License ☐ Pa	assport 🗆 Other:		_ID	Number:		
	nnsferrin (CDT) Chain of Custody completed					
☐ Laboratory report delivere	e below - TICK ONE OPTION ONLY: ed to Patient address as indicated on this reques icked up from this Collection Centre by patient ^s		Patie	nt Results <u>CANNOT</u> be email	ed)	
ACC code:	ACC phon	e number:				
COLLECTOR DECLARATION (Tick I certify: The results document □ The specimen has been colle	TON CENTRE prior to picking up laboratory report (phewhere applicable) ed on this form are from the sample provided to rected in compliance with the requirements of the en Collection that includes Drugs of Abuse testing	me by the Dono Standard (AS43	or wh		on below.	
·					DATE:	/
	IENT'S SIGNATURE AND DATE					
I confirm that the information pand correct. I understand that I report will be delivered in the m	orovided on this form by myself to QML Pathology is will receive a copy of this form and that a laboratory	Q D D	ATIEN ML P octo I Rive	PEQUESTING DOCTOR, WORKPLACE HEAR NT SELF REQUEST Pathology r Maintenance Department erview Place RRIE QLD 4172	BPS6V	OFFICER

Disclaimer: QML Pathology advises that pathology tests are usually requested by a patient's doctor as they are medically qualified to interpret and/or analyse the results. QML Pathology offers a limited range of self requested pathology tests because some panels of testing are complex and there may be the possibility of misinterpretation of pathology results in the absence of medical symptoms discussed as part of a medical consultation. Patients requesting self determined testing will need to consult their local medical professional if they require interpretive advice.

DATE

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	Collect Date	Coll. Time	Test Codes	Branch	Ref. No.	Lab. No.	Description & Containers	Collector
L U								
L U A S B E	Received Date	Rec. Time		B/C	Clinic			
				PP]