

PATIENT LAST NAME	GIVEN NAMES	SEX	DATE OF BIRTH	FILE No.
PATIENT ADDRESS		POSTCODE	TEL(HOME)	TEL(BUS)

TESTS REQUESTED

**CHO - PQ DIRECTION - QLD  
TUESDAY 6 JULY 2021 UNTIL MIDNIGHT FRIDAY 6 AUGUST 2021  
ONLY SE QLD QML COVID SITES**

**Coronavirus PCR      NCP**

**Mobile number provided is correct and only used by me. I agree to receive my COVID-19 results by SMS.**

**Mobile Number:** \_\_\_\_\_

**Confirmed by Patient:** \_\_\_\_\_

CLINICAL NOTES - PLEASE TICK

**Symptoms present (fever, cough, sore throat, nasal stuffiness)**

**Asymptomatic**

**Venue in SE QLD that patient attended:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Brisbane Grammar**

STANDARD PRECAUTIONS     PRIVATE & CONFIDENTIAL     CUMULATIVE REPORT

**URGENT**     **PHONE**     **FAX**     BY TIME: \_\_\_\_\_

PHONE/FAX No: \_\_\_\_\_

Is patient: \_\_\_\_\_

Bill Code: **6820**    Fasting     Non Fasting

**COMPANY DETAILS**

**Pathology QLD Covid Testing  
CHO - PQ DIRECTION - QLD  
Tuesday 6 July 2021 - Midnight Friday 6 August 2021**

COPY REPORTS TO:	REQUESTING DOCTOR, WORKPLACE HEALTH AND SAFETY OFFICER
	<b>Pathology QLD Covid Testing      WPQ1A 11 Riverview Pl Murarrie QLD 4172</b>

For further information regarding this account, please contact QML Occupational Pathology Services on (07) 3121 4945.

X...../...../.....

**PATIENT'S SIGNATURE AND DATE**

**PERSON DRAWING BLOOD**  
I certify that the blood specimen(s) accompanying this request was drawn from the patient named above. I established the identity of this patient by direct inquiry and/or inspection of wrist band and immediately upon the blood being drawn I labelled the specimen(s).  
Signature: \_\_\_\_\_

L U A S B E	Collect Date	Coll. Time	Branch	Ref. No.	Lab. No.	Description & Containers	Collector
	Received Date	Rec. Time					
			<b>6820</b>	<b>D38</b>		<b>1 x VTF</b>	