

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			TEL (HOME & MOBILE)	TEL (BUS)	
POSTCODE					

TESTS REQUESTED

Patient self request

DO NOT SEND REPORTS TO MY HEALTH RECORD

COVID-19 - Please SMS result to mobile number: _____

Note: SMS results only available for COVID-19 testing.

Pricing and payment

Cost of self requested COVID-19 PCR test is \$80.00 excluding GST*.
 Full payment is required at time of collection. Payment can only be made by Credit Card.

*Price is correct at time of publication and is subject to change without notice

QML Pathology Use:

Request must be **PRE-PAID AT TIME OF COLLECTION by Credit Card ONLY**

Pre-Paid Receipt Number: _____

Photo Identification Sighted:

Drivers License Passport Other: _____ ID Number: _____

FORM 15: QML intranet - Updated 10 Mar 2022

Consult patient and complete below - TICK ONE OPTION ONLY:

- Laboratory report delivered to Patient address as indicated on this request form. (Note: Patient Results **CANNOT** be emailed)
- Laboratory report to be picked up from this Collection Centre by patient*:

ACC code: _____ ACC phone number: _____

*Advise patient to CALL COLLECTION CENTRE prior to picking up laboratory report (photo identification will be required).

COLLECTOR DECLARATION

I **certify:** 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).

COLLECTOR NAME: COLLECTOR SIGNATURE: DATE:/...../.....

PATIENT'S SIGNATURE AND DATE

I confirm that the information provided on this form by myself to QML Pathology is true and correct. I understand that I will receive a copy of this form and that a laboratory report will be delivered in the method indicated above. I have read and understood the disclaimer at the bottom of the page.

X...../...../.....
 PATIENT'S SIGNATURE DATE

REQUESTING DOCTOR, WORKPLACE HEALTH AND SAFETY OFFICER

PATIENT SELF REQUEST CPS3D
 QML Pathology - COVID
 Doctor Maintenance Department
 11 Riverview Place
 MURARRIE QLD 4172

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.

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

PUB/MR/01/404_COVID ONLY_V3_Mar22_BR1