

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.	FILE No.		
PATIENT ADDRESS POS				CODE		TEL (HOME & MOBILE)		TEL(BUS)	TEL(BUS)		
TESTS REQUESTED											
Patient self request			<u> TIAL</u>				DO NOT SE	END REPORTS TO	MY HEALTH RECORD 🗌		
On-Site Instant Saliva D	rug Screen ([DS6)									
QML Pathology Use:	}										
Request must be PRE-PAID AT TIME OF COLLECTION by Credit Card ONLY Pre-Paid Re							leceipt Number:				
Photo Identification Sight		☐ Other:			[[) Numb	er:				
Testing Device Name:	Batch	Number:	Expiry D	Date: /	/						
Drug Class	Amphetamines	Methamphetamine	Cocaine	Opiates		THC	Benzodiazepines	Oxycodone	Other/Specify		
Aust Std (AS4760) Target Value	50 ng/mL	50 ng/mL	50 ng/mL	50 ng/mL	. 1:	5 ng/mL	10 ng/mL	40 ng/mL			
Cut-off Level (ng/mL) (if different to Aust Std)											
Initial Test Result											
Key: N = Negative U = Unconfir	med Positive (requi	res confirmatory testin	g) $X = Not T$	ested							
☐ Patient requests Laborate Must be paid before specime	n sent to laboratoi	y otherwise test will N			00						
☐ Laboratory report delivere☐ Laboratory report to be p	ed to Patient addı	ess as indicated on			e: Patie	ent Resul	lts <u>CANNOT</u> be em	nailed)			
ACC code:			ACC phone	e number: _							
*Advise patient to CALL COLLECTOR COLLECTOR DECLARATION (Tick to I certify: The results documented The specimen has been colled I hold a Certificate in Specime	where applicable) ed on this form ar cted in compliand	e from the sample p	rovided to n	ne by the Do Standard (AS	nor w	ho has gi		ation below.			
COLLECTOR NAME:		CO	LLECTOR SIGN	IATURE:				DATE:	//		
PAT	IENT'S SIGNATURE	AND DATE				REOLIESTINI	G DOCTOR, WORKPLACE I	HEAITH ANN SAFFI	TY OFFICER		
I confirm that the information pand correct. I understand that I results and that a laboratory report I have read and understood the	will receive a copy port will be delivere	of this form with the i ed in the method indic	nitial screeni		PATIE QML I Docto 11 Riv	NT SELF Patholog	REQUEST IY Phance Department Place	LPS1I			

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				