-							
Pecialist Diagnostic Services Pty Ltd (ABN 84 007 1 1 Riverview Place, Metroplex on Gatew	Request to b	DO NOT BULK BILL Request to be pre-paid at time of collection by Credit Card ONLY.			PATIENT SELF REQUEST FORM		
ATIENT FAMILY NAME	GIVEN NAMES		SEX	DATE OF BIRTH		FILE No.	
ATIENT ADDRESS		POSTCODE		TEL (HOME & MOBILE)		TEL(BUS)	
TESTS REQUESTED Patient self request ·	- PRIVATE & CONFIDENTIAL					ls patient:	Fasting □ Non Fasting □
Please tick test/s you req	juire:						
Hair Drug Screen							
Carbohydrate Deficier	nt Transferrin (CDT)						
QML Pathology Use:							
Request must be PRE-PAID AT	TIME OF COLLECTION by Credit Card ON	ILY Pre-Paid	Receip	ot Number:			
Photo Identification Sighte	d: ssport 🛛 Other:		10	O Number:			
Collector must tick box below	ody form <u>MUST</u> be completed for the a to confirm form has been completed. ustody completed nsferrin (CDT) Chain of Custody complet						
Laboratory report deliveredLaboratory report to be pice	below - TICK ONE OPTION ONLY: It to Patient address as indicated on this r cked up from this Collection Centre by pa ACC	tient*:					
	DN CENTRE prior to picking up laboratory rep	-					

I certify: The results documented on this form are from the sample provided to me by the Donor who has given signed certification below.

DATE

The specimen has been collected in compliance with the requirements of the Standard (AS4308).

□ I hold a Certificate in Specimen Collection that includes Drugs of Abuse testing.

COLLECTOR NAME:

..... COLLECTOR SIGNATURE:

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.

Χ....

PATIENT'S SIGNATURE

REQUESTING DOCTOR, WORKPLACE HEALTH AND SAFETY OFFICER PATIENT SELF REQUEST NPS1G QML Pathology **Doctor Maintenance Department** 11 Riverview Place MURARRIE QLD 4172

PUB/MR/01449_BUN_V2_Dec17

..... DATE:/...../...../.....

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	
ange 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.	

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