

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

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	STCODE		TEL (HOME & MOBILE)	TEL(BUS)	
TESTS REQUESTED					Is patient:	Fasting 🗆
Patient self request - PRIVA	ATE & CONFIDENTIAL					Non Fasting □
Please tick test/s you require:						
☐ Hair Drug Screen						
☐ Carbohydrate Deficient Transf	errin (CDT)					
QML Pathology Use:						
Request must be PRE-PAID AT TIME OF C	OLLECTION by Credit Card ONLY	Pre-Paid Re	Paid Receipt Number:			
Photo Identification Sighted:						
☐ Drivers License ☐ Passport	☐ Other:		IC	Number:		
Consult patient and complete below - TI Laboratory report delivered to Patien		st form. (Note:	Patie	ent Results <u>CANNOT</u> be en	nailed)	
☐ Laboratory report to be picked up fro	* *					
*Advise patient to CALL COLLECTION CENTRE COLLECTOR DECLARATION (Tick where applicated in certify: The results documented on this form the specimen has been collected in community in the commu	prior to picking up laboratory report (pable) orm are from the sample provided to apliance with the requirements of the	hoto identification me by the Done Standard (AS43	on wi	ll be required).		
COLLECTOR NAME:	_	_			DATE:	//
PATIENT'S SIGNA	ATURE AND DATE		,	DEQUECTING DOCTOR WORKS ACE	LICALTILIAND CAPTE	COLLICED
I confirm that the information provided on to and correct. I understand that I will receive a report will be delivered in the method indical I have read and understood the disclaimer of	n copy of this form and that a laborator ated above.	y Q	ATIE ML F octo	REQUESTING DOCTOR, WORKPLACE I NT SELF REQUEST Pathology or Maintenance Departme perview Place	LPS1I	OFFICEN

MURARRIE QLD 4172 PATIENT'S SIGNATURE DATE

I have read and understood the disclaimer at the bottom of the page.

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.

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