

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			TEL (HOME & MOBILE)	TEL(BUS)				
	PO.	STCODE						
TESTS REQUESTED	ATE O CONFIDENTIAL							
	Patient self request - PRIVATE & CONFIDENTIAL DO NOT SEND REPORTS TO MY HEALTH RECORD							
Please tick test/s you require:								
☐ Blood Group								
☐ MMR (Measles, Mumps, Rube	·lla)							
☐ Hep A Immune Status								
☐ Hep B Immune Status								
☐ Varicella Immune Status								
☐ Mantoux Testing								
☐ Quantiferon Gold								
QML Pathology Use:								
Request must be PRE-PAID AT TIME OF	COLLECTION by Credit Card ONLY	Pre-Paid Rece	ipt Number:					
Photo Identification Sighted:								
☐ Drivers License ☐ Passport	☐ Other:		D Number:					
Consult patient and complete below - 1	TICK ONE OPTION ONLY:							
☐ Laboratory report delivered to Patie		st form. (Note: Pat	ient Results <u>CANNOT</u> be ema	niled)				
☐ Laboratory report to be picked up fi								
ACC code: *Advise patient to CALL COLLECTION CENTR								
COLLECTOR DECLARATION	∟ µпон to µскнід ар іавогаtогу герогі (р	noto identification v	viii ve requirea).					
I certify: The blood specimen(s) accompainquiry and/or inspection of wrist band are			-	of this patient by direct				
COLLECTOR NAME:	COLLECTOR SIG	NATURE:		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		, , ,
/	PATIFNT'S SIGNATURF	

REQUESTING DOCTOR, WORKPLACE HEALTH AND SAFETY OFFICER

PATIENT SELF REQUEST

MPS1W

QML Pathology

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.

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