

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

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TIENT FAMILY NAME	G/V	'EN NAMES			SEX	DATE OF I	BIRTH	FILE No.	
TIENT ADDRESS POSTCODE						TEL (HON	IE & MOBILE)	TEL(BUS)	
STS REQUESTED									
Patient self request	- PRIVATE 8	& CONFIDENT	ΓIAL				DO NOT SE	END REPORTS TO I	MY HEALTH RECOR
On-Site Instant Saliva D	rug Screen (D	S6)							
QML Pathology Use:									
equest must be PRE-PAID AT	TIME OF COLLEC	TION by Credit Ca	rd ONLY	Pre-Paid	Receip	ot Numl	per:		
Photo Identification Sighte ☐ Drivers License ☐ Pa		☐Other:			10) Numb	er:		
Festing Device Name:	Batch N	lumber:	Expiry Da	nte: /	/				
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/m	L 15	5 ng/mL	10 ng/mL	40 ng/mL	
Cut-off Level (ng/mL) if different to Aust Std)									
nitial Test Result									
Key: N = Negative U = Unconfir	med Positive (requir	es confirmatory testin	g) X = Not Te	sted					
Must be paid before speciment Consult patient and complete Laboratory report delivere Laboratory report to be pi	e below - TICK ON d to Patient addro	IE OPTION ONLY: ess as indicated on	this request		e: Patie	ent Resul	ts <u>CANNOT</u> be en	nailed)	
CC code:			ACC phone	number: _					
Advise patient to CALL COLLECTION OLLECTOR DECLARATION (Tick v certify: The results documented The specimen has been collected.)	where applicable) ed on this form are cted in complianc	e from the sample p e with the requirem	rovided to m ents of the St	e by the Do	onor wl			ation below.	
I hold a Certificate in Specime OLLECTOR NAME:		_	_	TIIRE:				DATE	, ,
			LLECTUK SIGNA	1 UKE:				DATE:	//
I confirm that the information p and correct. I understand that I results and that a laboratory rep I have read and understood the	will receive a copy o port will be delivere	m by myself to QML F of this form with the i d in the method indic	nitial screenin		PATIE QML I Docto	NT SELF Patholog	nance Departme	SPS3Y	Y OFFICER

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

MURARRIE QLD 4172

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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			
ВЕ				PP				