

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

ATIENT FAMILY NAME	GI	VEN NAMES			SEX	DATE OF	BIRTH	FILE No.	
ATIENT ADDRESS			POSTO	CODE		TEL (HON	1E & MOBILE)	TEL(BUS)	
TESTS REQUESTED									
Patient self request	- PRIVATE	& CONFIDEN	<u>TIAL</u>				DO NOT SE	END REPORTS TO I	MY HEALTH RECORL
On-Site Instant Saliva D	rug Screen (D	)S6)							
QML Pathology Use:									
Request must be PRE-PAID AT	TIME OF COLLEC	CTION by Credit Ca	rd ONLY	Pre-Paid	Receip	ot Num	oer:		
Photo Identification Sighte		□ Other:			10	) Numb	er:		
Testing Device Name:	Batch I	Number:	Expiry D	ate: /	′ /				
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 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) $X = Not 16$	estea					
Must be paid before specime	n sent to laborator	y otherwise test will N	NOT be perfori	med.					
Consult patient and complete  ☐ Laboratory report delivere  ☐ Laboratory report to be pi	d to Patient addr	ess as indicated on			e: Patie	ent Resu	its <u>CANNOT</u> be em	nailed)	
ACC code:	•								
Advise patient to CALL COLLECTI	ION CENTRE prior t								
COLLECTOR DECLARATION (Tick v certify: The results documente		o from the sample of	rovidad to s	a bytha D	onorvi	ho has a	ivan signed cortific	ation bolow	
The specimen has been collections				,			iven signed certific	audii DelOW.	
□I hold a Certificate in Specime									
COLLECTOR NAME:		со	DLLECTOR SIGN	ATURE:				DATE:	//
PATI	IENT'S SIGNATURE	AND DATE				REOI IECTINI	G DOCTOR, WORKPLACE I	HEAITH AND CAET	Y OFFICER
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 port will be delivere	of this form with the i ed in the method indic	initial screenir		PATIE QML I Docto	NT SELF	REQUEST By enance Departmen	RPS1S	

**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 A S B E	Received Date	Rec. Time		B/C <b>PP</b>	Clinic			