

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

· ·	**								
TIENT FAMILY NAME	Gl	VEN NAMES			SEX	DATE OF	BIRTH	FILE No.	
ATIENT ADDRESS						TEL (HON	ME & MOBILE)	TEL(BUS)	
		POSTCODE							
ESTS REQUESTED									
Patient self request	- PRIVATE	& CONFIDEN	ΓIAL				DO NOT SE	END REPORTS TO	MY HEALTH RECORD
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 F	Receip	ot Num	ber:		
Photo Identification Sighte	ed:								
☐ Drivers License ☐ Pa	-								
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/mL	15	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 Te	ested					
Must be paid before specime. Consult patient and complete Laboratory report delivere Laboratory report to be pi	e below - TICK Ol d to Patient addr	NE OPTION ONLY: ess as indicated on	this request	: form. (Note	:: Patie	ent Resu	lts <u>CANNOT</u> be em	nailed)	
ACC code:			ACC phone	number: _					
Advise patient to CALL COLLECTI COLLECTOR DECLARATION (Tick v		o picking up laborato	ry report (pho	oto identifica	tion wi	ill be requ	uired).		
certify: The results documented The specimen has been colled I hold a Certificate in Specime	cted in compliand	e with the requirem	ents of the S	Standard (AS		no has g	iven signed certific	ation below.	
COLLECTOR NAME:		co	LLECTOR SIGN	ATURE:				DATE:	//
PATI	ENT'S SIGNATURE	AND DATE			F	REQUESTIN	G DOCTOR, WORKPLACE F	HEALTH AND SAFET	Y OFFICER
I confirm that the information p and correct. I understand that I results and that a laboratory rep	will receive a copy oort will be delivere	of this form with the i ed in the method indic	nitial screenii	ng	QML F Docto	Patholog	enance Departmer	VPS2E nt	

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			
B E				PP				