

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

PATIENT FAMILY NAME	GIVEN NAMES		SEX	DATE OF BIRTH	FILE No.	
PATIENT ADDRESS				TEL (HOME & MOBILE)	TEL(BUS)	
	POS	TCODE				
TESTS REQUESTED					Is patient:	Fasting □
Patient self request	- PRIVATE & CONFIDENTIAL				,	Non Fasting
Please tick test/s you rec	juire:					
☐ Hair Drug Screen						
☐ Carbohydrate Deficie	nt Transferrin (CDT)					
QML Pathology Use:						
Request must be PRE-PAID AT	TIME OF COLLECTION by Credit Card ONLY	Pre-Paid Receipt Number:				
Photo Identification Sighte	d:					
☐ Drivers License ☐ Pas	ssport 🗆 Other:		_ IC	Number:		
☐ Hair Drug Screen Chain of C☐ Carbohydrate Deficient Tran	to confirm form has been completed.  Sustody completed  Insferrin (CDT) Chain of Custody completed  below - TICK ONE OPTION ONLY:					
☐ Laboratory report delivered	d to Patient address as indicated on this requesticked up from this Collection Centre by patient		Patie	nt Results <u>CANNOT</u> be email	ed)	
ACC code:	ACC phon	e number:				
	ON CENTRE prior to picking up laboratory report (pł	noto identificatio	on wi	ll be required).		
COLLECTOR DECLARATION (Tick w		l+l D			a a la al acce	
☐ The specimen has been collec	d on this form are from the sample provided to it ted in compliance with the requirements of the	Standard (AS43		no has given signed certification	on below.	
•	n Collection that includes Drugs of Abuse testing  COLLECTOR SIGN	-			DATE	/ /
		VATORE	••••••		DATE	/
I confirm that the information pa and correct. I understand that I w report will be delivered in the me	rovided on this form by myself to QML Pathology is will receive a copy of this form and that a laboratory thod indicated above.  disclaimer at the bottom of the page.	, Q D 1	ATIEI ML F octo 1 Riv	EQUESTING DOCTOR, WORKPLACE HEAD  NT SELF REQUEST  Pathology  r Maintenance Department  erview Place  .RRIE QLD 4172	TH AND SAFETY PPS2H	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

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