

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					sting 🔲
Patient self request	PRIVATE & CONFIDENTIAL			Non Fas	sting 🗌
Please tick test/s you req	uire:				
☐ Hair Drug Screen					
☐ Carbohydrate Deficier	nt Transferrin (CDT)				
QML Pathology Use:					
Request must be PRE-PAID AT	TIME OF COLLECTION by Credit Card ONLY	Pre-Paid Recei	pt Number:		
Photo Identification Sighte	d:				
☐ Drivers License ☐ Pas	ssport 🗆 Other:	II	O Number:		
□ Carbohydrate Deficient Tran	nsferrin (CDT) Chain of Custody completed				
☐ Laboratory report delivered	below - TICK ONE OPTION ONLY: It to Patient address as indicated on this reque ked up from this Collection Centre by patient		ent Results <u>CANNOT</u> be ei	mailed)	
ACC code:	ACC phor	ne number:			
*Advise patient to CALL COLLECTIC COLLECTOR DECLARATION (Tick w	ON CENTRE prior to picking up laboratory report (p here applicable)	hoto identification w	ill be required).		
	d on this form are from the sample provided to ted in compliance with the requirements of the			cation below.	
☐ I hold a Certificate in Specimen	n Collection that includes Drugs of Abuse testin	g.			
COLLECTOR NAME:		INATURE:		DATE:/	/
PATIE	ENT'S SIGNATURE AND DATE		REQUESTING DOCTOR, WORKPLACE	HEALTH AND SAFETY OFFICER	
	rovided on this form by myself to QML Pathology is vill receive a copy of this form and that a laborator thod indicated above.	y QML	ENT SELF REQUEST Pathology or Maintenance Departme	UPS3F ent	

I have read and understood the disclaimer at the bottom of the page.

X	/ /
•	5.475
PATIENT'S SIGNATURE	DAIE

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.

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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			<i>B/C</i> <b>PP</b>	Clinic			