

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	ı	POSTCODE		TEL (HOME & MOBILE)	TEL(BUS)
TESTS REQUESTED					
Patient self request	- PRIVATE & CONFIDENTIAL				Is patient: Fasting ☐ Non Fasting ☐
Please tick test/s you re	equire:				
☐ Hair Drug Screen	•				
☐ Carbohydrate Defici	ent Transferrin (CDT)				
- Carbonyurate Denci	ent nansienin (CDT)				
QML Pathology Use	::				
Request must be PRE-PAID A	NT TIME OF COLLECTION by Credit Card ONLY	Pre-Paid	Receip	ot Number:	
Photo Identification Sigh	ted:				
	Passport		10	O Number:	
	ransferrin (CDT) Chain of Custody completed				
·	te below - TICK ONE OPTION ONLY: red to Patient address as indicated on this requ	uest form. (No	te: Patie	ent Results CANNOT be em	nailed)
· ·	picked up from this Collection Centre by patie				,
ACC code:	ACC ph	one number: ₋			
	TION CENTRE prior to picking up laboratory report	(photo identific	ation w	ill be required).	
COLLECTOR DECLARATION (Tich	<i>c where applicable)</i> Ited on this form are from the sample provided t	o me by the D	onor w	ho has given signed certific	ation below
☐ The specimen has been coll	ected in compliance with the requirements of t	he Standard (A			
•	nen Collection that includes Drugs of Abuse test				
COLLECTOR NAME:		IGNATURE:	•••••		//
I confirm that the information and correct. I understand that report will be delivered in the r	TIENT'S SIGNATURE AND DATE I provided on this form by myself to QML Pathology I will receive a copy of this form and that a laborat method indicated above. The disclaimer at the bottom of the page.		PATIE QML I Docto	REQUESTING DOCTOR, WORKPLACE H NT SELF REQUEST Pathology or Maintenance Departmer verview Place	YPS2A

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 PP	Clinic			