

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	GIV	'EN NAMES			SEX	DATE OF	BIRTH	FILE No.	
ITIENT ADDRESS			POSTO	POSTCODE		TEL (HON	ME & MOBILE)	TEL(BUS)	
ESTS REQUESTED									
Patient self request	- PRIVATE 8	& CONFIDEN	<u> TIAL</u>				DO NOT SE	END REPORTS TO	MY HEALTH RECORL
On-Site Instant Saliva D	rug Screen (D	S6)							
QML Pathology Use:			_						
Request must be PRE-PAID AT	TIME OF COLLEC	TION by Credit Ca	rd ONLY	Pre-Paid F	Receip	ot Num	ber:		
Photo Identification Sighte ☐ Drivers License ☐ Pa		☐Other:			[[) Numb	oer:		
Testing Device Name:	Batch N	lumber:	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	1:	5 ng/mL	10 ng/mL	40 ng/mL	other/specify
Cut-off Level (ng/mL) (if different to Aust Std)	J.	J.				<u> </u>	J		
Initial Test Result									
Key: $N = Negative$ $U = Unconfirmation U = Unconf$	med Positive (requir	es confirmatory testin	g) X = Not Te	ested					
Must be paid before speciment Consult patient and complete Laboratory report delivere Laboratory report to be pi	e below - TICK ON d to Patient addre cked up from this	IE OPTION ONLY: ess as indicated on collection Centre	this request by patient*:	form. (Note					
ACC code:									
Advise patient to CALL COLLECTI COLLECTOR DECLARATION (Tick v	where applicable)								
certify: The results documented The specimen has been colled I hold a Certificate in Specime	cted in compliance	e with the requirem	ents of the S	,		_	iven signed certific	ation below.	
OLLECTOR NAME:				ATURE:				DATE:	//
PATI	ENT'S SIGNATURE	AND DATE				DEOLUCETU:	C DOCTOR IMPRIME ASS	UEALTH AND CASE	TV OFFICER
I confirm that the information provided on this form by myself to QML Pathology is true and correct. I understand that I will receive a copy of this form with the initial screening results and that a laboratory report will be delivered in the method indicated above. I have read and understood the disclaimer at the bottom of the page.					PATIE QML I Docto	NT SELF	enance Departme	BPS6V	

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			