

COMMERCIAL ACCOUNT -
DO NOT BULK BILL

**OCCUPATIONAL
PATHOLOGY
REQUEST**

PATIENT LAST NAME	GIVEN NAMES	SEX	DATE OF BIRTH	FILE No.
PATIENT ADDRESS		TEL(HOME)		TEL(BUS)
POSTCODE				

TESTS REQUESTED

Coronavirus PCR NCP

Mobile number provided is correct and only used by me. I agree to receive my COVID-19 results by SMS.

Mobile Number: _____

Confirmed by Patient: _____

CLINICAL NOTES - PLEASE TICK

Symptoms present (fever, cough, sore throat, nasal stuffiness)

Asymptomatic

Venue in SE QLD that patient attended: _____

Date: ____ / ____ / ____

STANDARD PRECAUTIONS PRIVATE & CONFIDENTIAL CUMULATIVE REPORT

URGENT ■	PHONE ■	FAX ■	BY TIME:
PHONE/FAX No:	Is patient:		
Bill Code: 6820	Fasting ■	Non Fasting ■	

COMPANY DETAILS

COPY REPORTS TO:	REQUESTING DOCTOR, WORKPLACE HEALTH AND SAFETY OFFICER
	Pathology QLD Covid Testing WPQ1A 11 Riverview Pl Murarrie QLD 4172

For further information regarding this account, please contact QML Occupational Pathology Services on (07) 3121 4945.

X...../...../.....

PATIENT'S SIGNATURE AND DATE

PERSON DRAWING BLOOD
 I certify that the blood specimen(s) accompanying this request was drawn from the patient named above. I established the identity of this patient by direct inquiry and/or inspection of wrist band and immediately upon the blood being drawn I labelled the specimen(s).
 Signature:.....

L U A S B E	Collect Date	Coll. Time	Test Codes	Branch	Ref. No.	Lab. No.	Description & Containers	Collector
	Received Date	Rec. Time		B/C	Clinic			
				6820			1 x VTF	