QML Pathology

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

COMMERCIAL ACCOUNT - DO NOT BULK BILL

OCCUPATIONAL PATHOLOGY REQUEST

PATIENT LAST NAME	GIVEN NAMES	SEX	DATE OF BIRTH	FILE No.

PATIENT ADDRESS	POSTCODE	TEL(HOME)	TEL(BUS)

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: ________________________________

Vehicle registration number:

Confirmed by Patient: ________________________________

CLINICAL NOTES - PLEASE TICK

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

Asymptomatic

Venue in QLD that patient attended: ________________________________

Date: _____ / _____ / _____

☐ STANDARD PRECAUTIONS ☐ PRIVATE & CONFIDENTIAL ☐ CUMULATIVE REPORT

URGENT ☐ **PHONE** ☐ **FAX** ☐ BY TIME:

PHONE/FAX No:

Bill Code:

Is patient:

Fasting ☐ Non Fasting ☐

COMPANY DETAILS

COPY REPORTS TO:

REQUESTING DOCTOR, WORKPLACE HEALTH AND SAFETY OFFICER

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

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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 identify 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..

LAB USE	Collect Date	Coll. Time	Test Codes	Branch	Ref. No.	Lab. No.	Description & Containers	Collector
	Received Date	Rec. Time		B/C	Clinic		**1 x VTF**	