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

Total Amount = \$ __

____ + 10% GST = \$ __

COMMERCIAL ACCOUNT -DO NOT BULK BILL

OCCUPATIONAL PATHOLOGY **REQUEST**

PATIENT LAST NAME GIVEN NAMES					SEX	DATE OF BIRTH		FILE No.	
ATIENT ADDRESS						TEL (HOME & MOBILE)		TEL(BUS)	
			PO	STCODE					
TESTS REQUESTED								Is patient:	
Please tick test/s requested:								Fasting	
E/LFT	22	?T \$19.45	; QM tim	L COLLE	CTOR: Pl	ease take payn	nent at	Non Fasting	
Full Blood Count	FB	BC \$18.65	Tot	al Amou	nt = \$				
HDL/LDL	Н	DL \$12.15	+ 10	0% GST =	= \$				
G6PD	GI	PA \$57.15	Rec	eipt Nun	nber:				
☐ STANDARD PRECAUTIONS ☐ PRIVATE & CONFID	DENTIAL] CUMULATIVE REPO	DRT		50404	N/ D = T 1 // S			
	BY TIME:		Vi	tality So		IY DETAILS ———			
PHONE/FAX No: Bill Code: CPP			Sł	op 1, 16 adstone	4 Auckla	and St 30			
TOPY REPORTS TO:					REQUE:	STING DOCTOR, WORKPL	ACE HEALTH AN	ND SAFETY OFFICE	?
				,	Vitality ! Shop 1,	ta Kolesky Solutions 164 Auckland S ne QLD 4680		LKA1N	
(07) 2121 4045				l certify that was drawn identify of it band and in			I certify that the was drawn from	RAWING BLOOD the blood specimen(s) accompanying this request rom the patient named above. I established the is patient by direct inquiny and/or inspection of wrist rmediately upon the blood being drawn I labelled n(s).	
this account, please contact QML Occupational Pathology Services	X					/	band and imme the specimen(s).	ediately upon the blood	
this account, please contact QML Occupational Pathology Services on (07) 3121 4945. Collect Date Coll. Time Test Co						/	band and imme the specimen(s).	ediately upon the blood	
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Receipt Number: