

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

TESTS REQUESTED

Please tick test/s requested:

Is patient:

Fasting

Non Fasting

E/LFT	22T	\$19.45
Full Blood Count	FBC	\$18.65
HDL/LDL	HDL	\$12.15
G6PD	GPA	\$57.15

QML COLLECTOR: Please take payment at time of collection

Total Amount = \$ _____

+ 10% GST = \$ _____

Receipt Number: _____

STANDARD PRECAUTIONS PRIVATE & CONFIDENTIAL CUMULATIVE REPORT

URGENT PHONE FAX BY TIME:

PHONE/FAX No:

Bill Code: **CPP**

COMPANY DETAILS

**Vitality Solutions
 Shop 1, 164 Auckland St
 Gladstone QLD 4680**

COPY REPORTS TO:

REQUESTING DOCTOR, WORKPLACE HEALTH AND SAFETY OFFICER

Dr Ananta Kolesky
Vitality Solutions
Shop 1, 164 Auckland St
Gladstone QLD 4680

LKA1N

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 S E	Collect Date	Coll. Time	Test Codes	Branch	Ref. No.	Lab. No.	Description & Containers	Collector
	Received Date	Rec. Time		B/C	Clinic			
			CPP					

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