Lab ID Number

DOUGLASS HANLY MOIR PATHOLOGY
BARRATT & SMITH PATHOLOGY
Quality is in our DNA

PATHOLOGY REQUEST FORM

COMMERCIAL

Patient Details

Surname: Zappia

Given Name: Antonia

Date of Birth: 19 / 06 / 74

Sex: ☐ Male ☑ Female

Address 121 Fifth Ave LLandilo 2747

Your Reference (optional)

Phone No.: 0414252758

NO MEDICARE REBATE

Requesting Authority

E4277-V
Ms Suzanne Ellis
Suzanne Ellis Herbalist
14A Hare Street
Glenbrook NSW 2773

Copy to Doctor

Dr Name

Dr's Address

Billing

NP

Non-Medicare Refundable
Account To Patient

Collector, please place non-rebatable sticker here and have the patient sign

Tests Requested

Iron Studies
LFT, Electrolytes, UEC

Clinical Notes

Fasting: ☑ Yes hours …….. ☑ No

Doctor signature NOT required

Collection Centre Use

Collection Centre: _____ Collector Initials: _____

Date of Collection: _____ / _____ / _____ Time of Collection: _____ 24hr time

Laboratory Use

TUBES						URINE					SWABS			SLIDES			CONTAINERS			OTHER	PATIENT SPECIMEN
GEL/CT	EDTA	EDTA 10ml	GLUC	CITRATE	HEPARIN	BACTO	CYTO	24HR	PCR	OTHER	STUARTS	VIRAL	CHLAM	PAP	BACTO	CHLAM	FAECES	SEMEN	HISTO	DESCRIBE	CHECK

W:\CorporateServices\Request Forms\[NATUROPATH - Suzanne Ellis - Suzanne Ellis Herbalist - ELECTRONIC Website.xls]Sheet1 May 2021