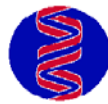


Lab ID Number



DOUGLASS HANLY MOIR PATHOLOGY
BARRATT & SMITH PATHOLOGY

Quality is in our DNA

PATHOLOGY REQUEST FORM

COMMERCIAL

Patient Details

Surname: _____

Given Name: _____

Date of Birth: ____ / ____ / ____

Sex: Male Female

Address _____

Your Reference _____
(optional)



Phone No.: _____

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

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

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

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

May 2021