Lab ID Number

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

PATHOLOGY REQUEST FORM

COMMERCIAL

Patient Details

Surname: Domenici
Given Name: Elena
Date of Birth: 10 / 4 / 81
Sex: Male ☐ Female ☑
Address 14 WOODVALE AVENUE
NORTH EPPING
Your Reference (optional)

CORPORATE

Phone No.: 04111446214

NO MEDICARE REBATE

Requesting Authority

M21055-R
Ms Alexandra Middleton
Nutritionist
Unit 12, 50 Bellevue Road
Bellevue Hill NSW 2023

Copy to Doctor (compulsory)

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

Serum copper
RBC Zinc
Urine iodine (spot)

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	GLUC	CITRATE	HEPARIN	BACTO	CYTO	24HR	PCR	OTHER	STUARTS	VIRAL	CHLAM	PAP	BACTO	CHLAM	FAECES	SEMEN	HISTO	DESCRIBE	CHECK
		10ml																			

DOUGLASS HANLY MOIR PATHOLOGY PTY LIMITED • ABN 80 003 332 858
Trading as DOUGLASS HANLY MOIR PATHOLOGY AND BARRATT & SMITH PATHOLOGY
A Subsidiary of SONIC HEALTHCARE LIMITED APA ABN 24 004 196 909

14 GIFFNOCK AVENUE • MACQUARIE PARK • NSW • 2113
TEL (02) 98 555 144 • FAX (02) 98 555 646
MAIL ADDRESS • LOCKED BAG 145 • NORTH RYDE • NSW • 1670

for a complete list of collection centres please visit website www.dhm.com.au