Lab ID Number

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

PATHOLOGY REQUEST FORM

COMMERCIAL

Patient Details

Surname: THIRWALL **Given Name:** JORDANA

Date of Birth: 30 / 3 / 1982 **Sex:** Male ☐ Female ☑

Address 26 WARRINGAH ST NTH BALGOWLAH

Your Reference (optional)

CORPORATE

Phone No.: 0417541720.

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 LOPEZ

Dr's Address MOSMAN MEDICAL CENTRE.

Billing NP

Non-Medicare Refundable
Account To Patient

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

Tests Requested

Iron Studies
TSH, T4, T3
Spot urine iodine.

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 - Alexandra Middleton - ELECTRONIC Website.xls]Sheet1 December 2015

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

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