Lab ID Number

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

PATHOLOGY REQUEST FORM

COMMERCIAL

Patient Details

Surname: THIRLWALL
Given Name: JORDANA
Date of Birth: 30 / 3 / 82
Sex: Male ☐ Female ☑
Address: 26 WARRINGAH ST NTH BALGOWLAH NSW
Your Reference (optional)
Phone No.: 0417541720

CORPORATE

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: Thierry Vancaille
Dr's Address: Sydney CBD.

Billing NP

Non-Medicare Refundable
Account To Patient

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

Tests Requested

Urine iodine
CA-125.
B12
URP.
Prolactin
DHEA-S.

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

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

alexandra middleton | nutritionist

Name Jordana Date 30.1.19

MEDICATION AND DOSAGE

SUPPLEMENT	BREAKFAST			LUNCH			DINNER			BEDTIME	AWAY FROM MEALS
	Before	With	After	Before	With	After	Before	With	After		
Bioactive B		1			1						
Niacinamide		1			1						
B12		1			1						
Calcium DH		1 tsp								Double with PMS.	
Mag Citrate		1						1			
Quercevare		1						1			
Curcumin Pure		1						1		Skip every 4th day	
Microbinate		1									
watermelon glutamine		1 tsp									
Intraguell		3						3			
Eve Primrose		1						1			

Dietary / Lifestyle Advice:

- Stop progut + iodoral when finished.

Short Term Goals:

Long Term Goals:

Your Prescription: Do not exceed recommended dosage. Take medications strictly as directed. If you have any issues, please consult your practitioner.

NutriPATH

INTEGRATIVE PATHOLOGY SERVICES
16 Harker St, Burwood, Victoria 3125

ORDERS:
Phone: 1300 688 522
Email: info@nutripath.com.au
Fax: (03) 9880 2999

1. **Practitioner instructions for completing Request Form, specimen labelling and transport.**
   - **a)** If uncertain of collection requirements, please call our Customer Service staff on **1300 688 522** to confirm the correct procedures. This will avoid unnecessary and inconvenient recollections
   - **b)** Neatly print and complete all Patient details (Full name, current address, Date of Birth).
   - **c)** Referring practitioner should provide their full name and practice address and the details of any other "Copy to" practitioners.
   - **d)** Referring practitioners should provide adequate patient clinical history.
   - **e)** Referring practitioner should specify concisely the tests they require to be assessed, in the Tests Requested section.
   - **f)** Referring practitioner should sign the Request Form.
   - **g)** Accounts section, including the patient's credit card details section must be filled out.
   - **h)** Advise patients that ALL specimens are to be labelled with full name, date of birth, collection time and date of collection to avoid any delays in test results.
2. **Pathology Collector/Nurse instructions.**
   - **a)** If uncertain of collection requirements, please call our Customer Service staff on **1300 688 522** to confirm the correct procedures. This will avoid unnecessary and inconvenient recollections
   - **b)** Please ensure that all Patient details (Full name, current address, Date of Birth) are complete.
   - **c)** Please ensure that all Referring Practitioner details are complete (Full name, practice address and any other "Copy to" practitioners).
   - **d)** Please ensure that the Tests Requested section has been completed. If not, contact the practitioner to confirm the correct tests.
   - **e)** Please ensure the Accounts section, including the patient's credit card details section have been filled out.
   - **f)** ALL specimens are to be labelled with full name, date of birth, collection time and date of collection to avoid any delays in test results.
3. **Patient Self-Collect kits instructions**
   - **a)** Please call Customer Service on **1300 688 522** to order your test collection kit.
   - **b)** When you receive your kit, open it up and follow the instruction sheet in the kit.
   - **c)** From the instruction sheet, check that all the kit components are in your kit. If not, call Customer Service on **1300 688 522** and we will send you out a new kit.
   - **d)** Follow the collection instructions in order to collect the sample correctly, and forward it to NutriPATH in the container provided.
4. **Blood Specimen collection procedures**

   NutriPATH has formal blood collection service arrangements with key medical pathology providers in each state. The details of these arrangements are outlined in the collection instructions of each blood samples collection kit. The collection centre should NOT charge the patient as NutriPATH will be billed through their corporate account. Once the blood sample/s are collected, the collection centre will either:
   - **a)** Forward the sample/s to NutriPATH (through their internal transport system) for testing, if the samples are perishable and required to be processed on dry ice.
   - **b)** Give the sample back to the patient to be forwarded to NutriPATH, via an overnight courier service for testing.
   - **c)** Give the sample back to the patient to be forwarded to NutriPATH, via Express Post service for testing.
5. **Refund Policy**
   - **a)** Once test kits have been ordered and dispatched by NutriPATH, a $50.00 cancellation fee will apply if no longer required by the patient.
   - **b)** If the sample has been collected and received by NutriPATH, no refund will apply.

NutriPATH

INTEGRATIVE PATHOLOGY SERVICES
16 Harker St, Burwood, Victoria 3125

ORDERS:
Phone: 1300 688 522
Email: info@nutripath.com.au
Fax: (03) 9880 2999

PATIENT INFORMATION (BLOCK LETTERS ONLY)

Given Name	Surname	Date of Birth
		/ /

Sex ☐ M ☐ F

Address

Phone

Credit Card Details ☐ Visa ☐ Mastercard

Expiry Date /

Amount Due $

Billing Code (internal use)

Card Number

Cardholder Signature

PRACTITIONER INFORMATION

Name: ALEXANDRA MIDDLETON

Address: 12/50 BELLEVUE ROAD
BELLEVUE HILL NSW 2023

Phone: 0410503376

Practitioner's Signature

Clinical Notes

Current Medications (please tick) Last Dose taken:_____

- ☐ Estrogen ☐ Cortisol ☐ Melatonin ☐ DIM
- ☐ Progesterone ☐ DHEA ☐ Thyroid ☐ Pregnenolone
- ☐ Testosterone ☐ DHT ☐ Arimidex ☐ Growth Hormone
- ☐ Indole-3-Carbinol

Type of Medications (please tick)

- ☐ Cream ☐ Capsule ☐ Tablet ☐ Troche
- ☐ Pessary ☐ Suppository ☐ Injection

Current Symptoms (please tick)

- ☐ Hot Flushes ☐ Poor Erections ☐ Joint Stiffness ☐ Low Stress Resistance
- ☐ Low Sex Drive ☐ Tired in morning ☐ Tired all day ☐ Low Blood Pressure
- ☐ Cold Hands/Feet ☐ Poor Memory ☐ Dry Vagina ☐ Sore Breasts
- ☐ Weak Strength ☐ Emotional ☐ Hair Loss ☐ Weight Loss
- ☐ Allergies ☐ Fluid Retention ☐ Poor Sleep ☐ Headaches

Tests/Analyses Required

PLEASE NOTE:
1. **Results WILL NOT be released until payment is finalised.**
2. **Results will only be released to the referring practitioner. Results cannot be released directly to the patient.**

Methylation Profile (5101)
Pfeiffer Profile Basic (3415)

TEST CODE/ NAME

Date Collected: ___/___/___

☐ 6hr ☐ 12hr ☐ 24hr Urine Volume:_____mls

Sal 1T	Sal 2T	Sal 4T	Sal 5T	Sal 11T	B/Strip	B/Spot