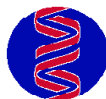


Lab ID Number



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)



CORPORATE

Phone No.: _____

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

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

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