qml pathology

RCPA The Royal College of Pathologists of Australasia

NATA ACCREDITED FOR TECHNICAL COMPETENCE — compliance with NPAAC Standards and ISO 15189 Accreditation Number: 2184

4173 50877 9 / 1

PATHOLOGY REQUEST

PATIENT LAST NAME / GIVEN NAMES: Robertson, Jodie

SEX: F

DATE OF BIRTH: 13/12/1971

FILE No.: 876752604468

PATIENT ADDRESS: Malanda, 428 Bald Hills Norris Corner Road, Mundowran. 4626

POSTCODE: 4626

TEL (HOME & MOBILE): 0427097717

TEL (BUS):

TESTS REQUESTED

FBE; E/LFTs; ESR; TSH T3/4[freetT3/4 Fe Study Ser Prog/oest + FSH + LH corisol + amines silenium /iodine

↓ ↓ random or 24hour.

Fasting
Non Fasting
Pregnant
Horm Therapy
LMP ___/___/___
EDC ___/___/___
Cervical Screening
Cervix
Vagina
Self Collect
Post Natal
IUCD
PCB/PMB
Abnormal Bleeding
Cx Suspicious
Previous AIS
Radiotherapy
Immune deficient

Do not send reports to My Health Record ☐

CLINICAL NOTES

Menopausol symptoms

☐ SELF DETERMINED
☐ STANDARD PRECAUTIONS ☐ PRIVATE & CONFIDENTIAL ☐ CUMULATIVE

URGENT	PHONE	FAX	BY TIME:
PHONE/FAX No:		-	-
QML Fee	S.F.	B.B. or D.B.	
VET AFFAIRS No:		-	Y

PERSON DRAWING BLOOD I certify that the blood specimen(s) accompanying this request was drawn from the patient named above. I established the identity of this patient by direct inquiry and/or inspection of wrist band and immediately upon the blood being drawn I labelled the specimen(s). Signature: .....

DOCTOR'S SIGNATURE AND REQUEST DATE

02/01/2024

COPY REPORTS TO:

REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME, INITIALS, ADDRESS)

Dr Graham Rowles
96 Leichhardt St,
Mundubbera. 4626
Phone: 074165 3666
Provider Number: 0059217W

Doct							
Copy 1							
Copy 2							
Copy 3							
Hosp/Ward							

HOSPITAL/WARD

LAB USE	Collect Date	Coll. Time	Test Codes	Branch	Ref. No.	Lab. No.	Description & Containers	Collector
	Received Date	Rec. Time	Attachments: Yes / No (please circle) If yes, no. of pages:	B/C	Clinic			

Was or will the patient be, at the time of the service or when the specimen is obtained: (✓ appropriate box)

	yes
a. a private patient in a private hospital or approved day hospital facility	☐
b. a private patient in a recognised hospital	☐
c. a public patient in a recognised hospital	☐
d. an outpatient of a recognised hospital	☐

PATIENT'S SIGNATURE AND DATE

MEDICARE ASSIGNMENT *(Section 20A of the Health Insurance Act 1973)*

I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner. Alternatively, I authorise that APP to submit my unpaid account to Medicare so that Medicare can assess my claim and issue me a cheque payable to the APP for the Medicare Benefit.

SIGNATURE X ..... X DATE / /

Practitioner's Use Only .....
(Reason patient cannot sign)

LIFT ☐ NAME: Jodie Robertson D.O.B.: 13/12/1971

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qml pathology

Healius Pathology Pty Ltd (ABN 84 007 190 043) APA No. 000042 t/a QML Pathology.
11 Riverview Place, Metroplex on Gateway, Murarrie Qld 4172
T: (07) 3121 4444 (24hr services) qml.com.au

MEDICARE CARD NUMBER 4173 50877 9 / 1

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Learn about your tests
knowpathology.com.au

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Mundubbera. 4626
Phone: 074165 3666
Provider Number: 0059217W

USE OF PATIENT CONTACT INFORMATION ☐ I consent to my contact details (and no clinical information) being used by QML Pathology for marketing communication purposes. PATIENT SIGNATURE X .....

PRIVACY NOTE: The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by provisions of the *Health Insurance Act 1973*. The information may be disclosed to the Department of Health and Ageing or to a person in the medical practice associated with this claim, or as authorised/required by law.

Amines

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Patient Information Sheet

Urine Collection Diet

For 5HIAA, Catecholamine & Metanephrines

Your doctor has requested a test which requires you to follow the below directives to ensure accurate test results.

Medication

A number of drugs including antihypertensive agents (blood pressure medications) and antidepressants may interfere with these urinary tests. **Do not restrict or cease these drugs unless advised by your doctor.**

You should ensure that your medications are being taken on a regular daily basis for the 3-4 days prior to and during the collection.

Illness

In addition, as illness can misleadingly raise the results of these tests, avoid collecting the sample during intercurrent illness (e.g. flu).

Dietary

When testing for urinary 5-HIAA or serotonin, exclude from your diet all nuts and vegetables or fruit containing seeds for 3-4 days prior to and during the collection. This includes bananas.

Some examples of foods to exclude are:

- Avocado
- Chilli
- Eggplant
- Pineapple
- Tomato
- Banana
- Plum
- Chilli
- Walnuts
- Pecans

Find a collection centre

For a full listing of our collection centres and operating hours, or to find another centre close by, please scan the QR code with your smart phone.