

Commercial/Non-Medicare.

THIS FORM IS ONLY TO BE ACCEPTED AT ONE OF THE ABOVE LABORATORIES

Collector+D/E

Do not alter the ID details on this referral. It is meant to be as is.

Patient Surname

Patient First Name

D.O.B

Sex

HOWARTH

SOPHIE

27/10/1970

F

Patient Address

Patient Phone

Fasting

Non-Fasting

c/o iMedical: 1 Union St, Pyrmont NSW 2009

0408403253

Tests

1. High Sensitivity CRP
2. Full Blood Count (FBC)
3. IgE (Immunoglobulin E)
4. T/B-Cells, Full Lymphocyte/Leukaemia panel + FBC
5. Tryptase serum. REFS: do not send to ICPMR, send to Austin Path (MELB) please

Notes:

Data Entry: please note Dr codes at bottom left of form. Do not link pts.

Laboratory	Dr CODE	Billing CODE
Clinical Labs	IMEYF	N1154
Lavery	4IMED	4IMED
QML/TML	BIM1C	2328
WDP	IMED	IMED
		153006



Referrer: iMedical 1 Union st , Pyrmont NSW 2009
PH: 02 94398409. Fax: 02 80763311. Attn: Chris Betro

Nurse/Collector: This form only to be accepted at one of the above Laboratory Collection Centers.

Sign



date: 16/04/2024

Collection Date:

Collection Time:

Collector to Sign: