



PATIENT SURNAME Merlin	GIVEN NAME(S) Jesse	SEX M	DATE OF BIRTH 20.06.2013	YOUR REFERENCE 2624
PATIENT ADDRESS 2 Gregory Pde, KOTARA NSW 2289		POSTCODE	TEL (HOME)	TEL (BUS / MOBILE) 0407027415

TESTS REQUESTED: The National Cancer Screening Register (NCSR) is an 'opt out' register. Pathology laboratories can no longer act on 'not for register' instructions on the pathology request form. Patients who wish to alter their consent status must contact the register directly on 1800 627 701.

iron studies, active B12, folate, Plasma zinc, Serum copper, full blood count with differential, e/ft - electrolytes/liver function tests, vitamin D, IgE (total), RAST food panel, RAST inhaled allergen panel, coeliac serology, blood lead level, mercury

CLINICAL NOTES
allergies, emotional dysregulation, picky eater, skin rashes, anxiety

Fastening
Non Fasting ☒
Pregnant ☐
Horm Therapy ☐
LNMP
EDC

EMERGENCY ☐ PHONE ☐ FAX ☐ BY TIME:
PHONE/FAX No.:
PRIVATE ☐ SCHEDULE MEDICARE ☒
VETAFFAIRS/WORK COMP No.:

PRACTITIONER'S SIGNATURE AND REQUEST DATE
X 27/05/2020

COPY REPORTS TO:
Dr Kristen Klimpsch 219282DY, Brunker Road General Practice,
1/282 Brunker Road, ADAMSTOWN NSW 2289

REFERRING PRACTITIONER (PROVIDER NUMBER, NAME, ADDRESS)
Dr Leila Masson
5144364K (04) 5242 - 4430
14 Dellview Street, TAMARAMA NSW 2026

HOSPITAL / WARD

COLLECTION	
LOCATION	INITIALS
C D N H DR	
DATE	TIME

Practitioner's Use Only (Reason for Patient unable to sign) ☐ Self Determined

Hospital status of patient at specimen collection or date of service
Private patient in a private hospital Yes No
or approved day hospital facility
Private patient in a recognised hospital
Hospital patient in a recognised hospital
Outpatient of a recognised hospital

PATIENT'S SIGNATURE AND DATE
By this declaration I assign my right to benefits to the Approved Pathology Practitioner who will render the requested pathology service(s).
X

Specimen/s checked by Patient Initial.....
I certify that I collected these samples from the named patient as per company protocol and I labelled the samples immediately.
Signed

TUBES							URINE				SWABS			SLIDES		CONTAINERS			FROZEN	OTHER	
GEL	PLAIN	EDTA	EDTA 6ml	GLUC	CITRATE	HEPARIN	BACTO	CYTO	24HR	PCR	OTHER	STUARTS	VIRAL	DRY	BACTO	CYTO	FAECES	SEMEN	HISTO		DESCRIBE

14 GIFFNOCK AVENUE • MACQUARIE PARK • NSW 2113 • AUSTRALIA Douglass Hanly Moir Pathology Pty Limited ABN 80 003 332 858, A subsidiary of Sonic Healthcare Limited APA ABN 24 004 196 909

DOUGLASS HANLY MOIR PATHOLOGY Quality is in our DNA 14 GIFFNOCK AVENUE • MACQUARIE PARK • NSW 2113 • AUSTRALIA Douglass Hanly Moir Pathology Pty Limited ABN 80 003 332 858, A subsidiary of Sonic Healthcare Limited APA ABN 24 004 196 909	LABORATORY FAX TOLL FREE RESULTS (02) 9855 5222 (02) 9878 5077 1800 222 365 1800 555 100	PATIENT COLLECTION LOCATIONS See Over	MEDICARE CARD NUMBER 2416-38622-8-3 Initial.....
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Dr Leila Masson Tamarama 14 Dellview Street,
TAMARAMA NSW 2026
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Your doctor has recommended that you use Douglass Hanly Moir Pathology. You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist on clinical grounds, a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor.

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