



|   |                        |          |                             |                                  |
|---|------------------------|----------|-----------------------------|----------------------------------|
| PATIENT SURNAME<br>Merlin                         | GIVEN NAME(S)<br>Jesse | SEX<br>M | DATE OF BIRTH<br>20.06.2013 | YOUR REFERENCE<br>2624           |
| PATIENT ADDRESS<br>2 Gregory Pde, KOTARA NSW 2289 |                        | POSTCODE | TEL (HOME)                  | TEL (BUS / MOBILE)<br>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, Plasma zinc, Serum copper, vitamin D, Streptococcal serology, mycoplasma ab

**CLINICAL NOTES**

iron deficiency, emotional dysregulation, sleep problems

Fasting ☐  
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 04/11 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         | <input type="checkbox"/> | <input type="checkbox"/> |
| Private patient in a recognised hospital  | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospital patient in a recognised hospital | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient of a recognised hospital       | <input type="checkbox"/> | <input type="checkbox"/> |

**PATIENT'S SIGNATURE AND DATE**

X / /

By this declaration I assign my right to benefits to the Approved Pathology Practitioner who will render the requested pathology service(s).

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 .....

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

|  |   |  |   |
|--|---|--|---|
| <b>DOUGLASS<br/>HANLY MOIR<br/>PATHOLOGY</b><br>Quality is in our DNA<br>14 GIFFNOCK AVENUE • MACQUARIE PARK • NSW 2113 • AUSTRALIA<br>Douglass Hanly Moir Pathology Pty Limited ABN 80 003 332 858, A subsidiary of Sonic Healthcare Limited APA ABN 24 004 196 909 | <b>LABORATORY<br/>FAX<br/>TOLL FREE<br/>RESULTS</b><br>(02) 9855 5222<br>(02) 9878 5077<br>1800 222 365<br>1800 555 100 | <b>PATIENT<br/>COLLECTION<br/>LOCATIONS<br/>See Over</b> | <b>MEDICARE CARD NUMBER</b><br>2416-38622-8-3<br>Initial..... |
|--|---|--|---|

|  |          |                             |                                  |
|--|----------|-----------------------------|----------------------------------|
| Jesse Merlin<br>2 Gregory Pde, KOTARA NSW 2289 | SEX<br>M | DATE OF BIRTH<br>20.06.2013 | YOUR REFERENCE<br>2624           |
|  |          | TEL (HOME)                  | TEL (BUS / MOBILE)<br>0407027415 |

**TESTS REQUESTED**

iron studies, Plasma zinc, Serum copper, vitamin D, Streptococcal serology, mycoplasma ab

**PATIENT COPY**

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

**National Cancer Screening Register (NCSR)**  
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.

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.

24307 01/18