

## PATHOLOGY REQUEST FORM

UMRN 90113550

Test number 00174036

Valid until 10/12/2025

(6 months from test purchase)

## TEST INSTRUCTIONS

- 1 Fast from all food and drink (other than water) for at least 8 hours, and no more than 12 hours prior to your test.
- 2 Download and print your pathology form from your i-screen dashboard.
- 3 Take your form to one of our affiliated collection centres to have your sample taken.

## 1. PATIENT DETAILS

Name Paige Renshaw

Mobile No 0438847941

Gender ☒ Female ☐ Male ☐ Unspecified Date of birth 20/01/1971

Address PO Box 258, Kalamunda, Perth

WA, 6926, Australia

## 2. TESTS REQUIRED

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Full Blood Exam   | <input checked="" type="checkbox"/> hsCRP             | <input checked="" type="checkbox"/> LDH          |
| <input checked="" type="checkbox"/> Creatine Kinase   | <input checked="" type="checkbox"/> Corrected calcium | <input checked="" type="checkbox"/> Phosphate    |
| <input checked="" type="checkbox"/> UEC               | <input checked="" type="checkbox"/> Urate             | <input checked="" type="checkbox"/> Magnesium    |
| <input checked="" type="checkbox"/> Lipids (incl HDL) | <input checked="" type="checkbox"/> Lipase            | <input checked="" type="checkbox"/> Amylase      |
| <input checked="" type="checkbox"/> LFTs (incl AST)   | <input checked="" type="checkbox"/> Fasting Glucose   | <input checked="" type="checkbox"/> Iron Studies |
| <input checked="" type="checkbox"/> Vitamin D         | <input checked="" type="checkbox"/> TSH/FT3/FT4       |  |

## 3. BILL TO REQUESTING PRACTITIONER

## Intelligent Screening Pty Ltd

Intelligent Screening Pty Ltd  
PO BOX 8441  
South Perth, WA 6151  
Phone: +61 (0)2 9060 6208  
eFax: +61 (0)2 8569 0239

Pathology Laboratory	Dr Code	Billing Code
Dorevitch Pathology	INSCR	INSC
QML and TML Pathology	BIS3H	5405
Western Diagnostic Pathology	INSCR	INSC
Laverty Pathology	4INSC	4INSC
Abbott Pathology	INS4	INS4

## 4. PATIENT CONSENT

☐ Do not send reports to My Health Record (<https://www.myhealthrecord.gov.au>)

## 5. COLLECTION

Collected date/time \_\_\_\_\_ Collection site \_\_\_\_\_

Received date/time \_\_\_\_\_ Collection by \_\_\_\_\_

## COLLECTION CENTRES

Present this form only at the collection centres designated on our website to avoid being billed again for this blood test.

[info@i-screen.com.au](mailto:info@i-screen.com.au)[i-screen.com.au](https://www.i-screen.com.au)

**FOR THE ATTENTION OF THE PHLEBOTOMIST/COLLECTOR**

This pathology request form is **only valid** at collection centres of the following participating laboratories and should not be presented to or accepted by any other laboratory:

- Dorevitch Pathology
- Queensland Medical Laboratories (QML)
- Tasmanian Medical Laboratories (TML)
- Western Diagnostic Pathology (WDP)
- Lavery Pathology
- Abbot Pathology

Intelligent Screening (i-screen) has a commercial account with the above laboratories and the relevant billing code is per the attached pathology request form. Please note that this patient has already paid for their tests.

If you require further clarification please contact your laboratory's commercial department or your area coordinator.