

Lab ID Number



PATHOLOGY REQUEST FORM

COMMERCIAL

**Patient Details**


Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male Female

Address \_\_\_\_\_ Your Reference \_\_\_\_\_  
(optional)

Phone No.: \_\_\_\_\_

**NO MEDICARE REBATE**

**Requesting Authority**  **Copy to Doctor**

**P13631-W**  
Amy Makejev  
AIM Natural Healthcare  
232 William Street  
Bathurst NSW 2795

**Billing**

**NP** Non-Medicare Refundable  
Account To Patient

Collector, please place non-rebatable sticker here and have the patient sign

**Tests Requested**

Fasting  
Non-fasting

**Clinical Notes**

Doctor signature NOT required

**Collection Centre Use**

Collection Centre: \_\_\_\_\_ Collector Initials: \_\_\_\_\_

Date of Collection: \_\_\_\_\_ Time of Collection: \_\_\_\_\_ 24hr time

**Laboratory Use**

| TUBES  |      |      |      |         |         | URINE |      |      |     |       | SWABS   |       |       | SLIDES |       |       | CONTAINERS |       |       | OTHER    | PATIENT SPECIMEN |
|--------|------|------|------|---------|---------|-------|------|------|-----|-------|---------|-------|-------|--------|-------|-------|------------|-------|-------|----------|------------------|
| GEL/CT | EDTA | EDTA | GLUC | CITRATE | HEPARIN | BACTO | CYTO | 24HR | PCR | OTHER | STUARTS | VIRAL | CHLAM | PAP    | BACTO | CHLAM | FAECES     | SEMEN | HISTO | DESCRIBE | CHECK            |
|        |      | 10ml |      |         |         |       |      |      |     |       |         |       |       |        |       |       |            |       |       |          |                  |

W:\CorporateServices\Request Forms\NATUROPATH - AIM Natural Healthcare - Amy Makejev.xls]Sheet1

February 2024 - V2