PATHOLOGY REQUEST FORM

UMRN 90027018

Test number 00039932

Valid until 09/09/2022

(6 months from test purchase)

TEST INSTRUCTIONS

Download and print your pathology form from your i-screen dashboard.

Take your form to one of our affiliated collection centres to have your sample



You do not need to fast for this blood test.

1. PATIENT DETAILS

Name Lucia Coman

Mobile No 0423874997

Gender

(Female

Male

Unspecified Date of birth 29/08/1990

Address 10/19 Shirley Road, Wollstonecraft

NSW, 2065, Australia

2. TESTS REQUIRED

✓ TFTs (TSH+FT3+FT4)

Thyroid Antibodies (TGAb+TPOAb)

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. 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 ☐ i-screen.com.au



FOR THE ATTENTION OF THE PHLEBOTOMIST/COLLECTOR

This pathology request form is <u>only valid</u> 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)
- Laverty 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.