Lab ID Number

**DOUGLASS HANLY MOIR PATHOLOGY**
**BARRATT & SMITH PATHOLOGY**
Quality is in our DNA

# PATHOLOGY REQUEST FORM — COMMERCIAL

**Patient Details**

**Surname:** WOOD
**Given Name:** PENNY
**Date of Birth:** 08/07/1987
**Sex:** ☐ Male ☒ Female
**Address** 1 CLISBY CLOSE, COOK, ACT, 2614
**Your Reference** (optional)
**Phone No.:** 0423515505

**NO MEDICARE REBATE**

**Requesting Authority**

P13631-W
Ms Amy Phillips
AIM Natural Healthcare
Shop 1, 132 Willoughby Road
Crows Nest NSW 2065

**Copy to Doctor**

Dr Name
Dr's Address

**Billing** NP

Non-Medicare Refundable
Account To Patient

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

**Tests Requested**

PLASMA-ZINC
VITAMIN D
SELENIUM - RED CELL
IODINE - RANDOM URINE
RT3
TRAb
TSI

**Clinical Notes**

Fasting: ☐ Yes hours ..... ☐ No

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 10ml | GLUC | CITRATE | HEPARIN | BACTO | CYTO | 24HR | PCR | OTHER | STUARTS | VIRAL | CHLAM | PAP | BACTO | CHLAM | FAECES | SEMEN | HISTO | DESCRIBE | CHECK |
| | | | | | | | | | | | | | | | | | | | | | |

W:\CorporateServices\Request Forms\[AIM Natural Healthcare - Amy Phillips - 04.02.2022.xls]Sheet1 February 2022