

Lab ID Number



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

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



G8394-P
Mr Hartmut Michael Gunther
Suite 3, 214 Beardy Street
Armidale NSW 2350
www.hartgood.com

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

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	