



Surname, Given name (including middle initials)

Sex

Date of birth

Your reference

Account address

Phone (Home)

Phone (Work)

Tests requested (please ✓). Refer over for fasting instructions.

- | | | |
|---|--|--|
| <input type="checkbox"/> E/LFT (Code MB2) | <input type="checkbox"/> Fasting Cholesterol HDL/LDL (Code CHDL) | <input type="checkbox"/> Hep C serology (Code HEP) |
| <input type="checkbox"/> FBC (Code FBZ) | <input type="checkbox"/> Hep B surface antigen (Code HEP) | <input type="checkbox"/> HIV (Code INSHV) |
| <input type="checkbox"/> Fasting Glucose (Code GLF) | <input type="checkbox"/> Hep B surface antibody (Code HEP) | <input type="checkbox"/> Cotinine (Code COT) |

Other (please specify):

Copy reports to

Referred by (name, company, address)

OFFICE USE

SST	EDTA	LH	CIT	PPT	ACD	Vacu	24hr	24hr	Rand	Jar	Faec	Histo	Pap	ThP	Chlam	Trans	Plain
Tube	Tube	Tube	Tube	Tube	Tube	Tube	Urine	Acid Urine	Urine	Other	Cont	Cont	Slide	Thin Prep	Swab	Red Swab	Black Swab
Pay cat							Unspun	Card	Frozen	Date collected			Time collected				
										/ /			:				
							Patient fasting?			Date received			Time received				
							<input type="checkbox"/> YES <input type="checkbox"/> NO			/ /			:				

FOR DATA ENTRY Seen by /Loc/Coll

NOT FOR DATA ENTRY

Place location stamp here. Internal reference only.

Staff ID. I confirm patient ID correct.



Client declaration of consent

This declaration must be signed in the presence of a Sullivan Nicolaides Pathology Collector. Testing **CANNOT** proceed without the insurance company Application/Policy/Claim number.

Application/Policy/Claim number

Client consent (To be signed in the presence of a Sullivan Nicolaides Pathology Collector.)

I give consent for the tests requested to be performed. I understand that Medicare benefits do not apply to these tests. If the tests include HIV and/or HCV testing, I acknowledge that I have read and that I understand the policies of the insurance company to which the report will be sent. I acknowledge that the pathology laboratory may also have legally defined notification requirements associated with these tests.

Client's signature:

Date:

OFFICE USE ONLY

Sullivan Nicolaides Pathology Collector declaration

Verification of identity

I declare that I have taken due and proper care to verify the identity of the patient by inspection of his/her:

- Passport Drivers licence Other photo identification (please specify):

Name (please print):

Signature:

Preferred centres for Insurance and Non-Medicare collections

BRISBANE CITY

CBD Unit 2, Level 6, T&G Building, 141 Queen St	(07) 3221 4864
CBD Ground Floor, Manor Apartments, 289 Queen St	(07) 3210 2180
CBD Ground Floor, Watkins Medical Centre, 225 Wickham Tce	(07) 3832 6469

BRISBANE SUBURBS

Albany Hills Cnr Keong and Old Northern Rds	(07) 3325 4353
Annerley 11 Waterton St	(07) 3892 4055
Auchenflower Unit 7, Third Floor, The Wesley Medical Centre, Chasely St	(07) 3371 5536
Caboolture 25 Morayfield Rd	(07) 5499 1320
Capalaba Parkview Specialist Centre, 189 Old Cleveland Rd	(07) 3245 9700
Carindale Medical Court, Carindale Shopping Centre	(07) 3395 3101
Chermside Medical Centre, Cnr Gympie and Hamilton Rds	(07) 3630 5617
Greenslopes Lobby Level, Greenslopes Private Hospital, Newdegate St	(07) 3421 4202

Ipswich 2 Churchill St (Cnr Warwick Rd)	(07) 3282 8571
Kedron Cnr Gympie Rd and Brookfield St	(07) 3857 0475
Kippa-Ring Cnr Boardman Rd and Anzac Ave	(07) 3377 8747
Logan Central Medical Centre, 1 Wembley Rd	(07) 3208 3233
Mt Ommaney Mt Ommaney Centre, 171 Dandenong Rd	(07) 3376 3859
South Brisbane Level 5 (Vulture St entrance), Mater Medical Centre, 293 Vulture St	(07) 3844 0353
Springwood Unit 6, 18 Dennis Rd	(07) 3208 9517
Sunnybank Suite 21, McCullough Centre, 245 McCullough St	(07) 3345 1648
Taringa Ground Floor, Taringa Central, 165 Moggill Rd	(07) 3331 3700
Victoria Point Professional Centre, Cnr Cleveland-Redland Bay and Bunker Rds	(07) 3207 9670
Wynnum 93 Clara St	(07) 3396 3461

GOLD COAST

Mermaid Waters Q Supercentre, Cnr Markeri and Bermuda Sts	(07) 5572 7906
Southport Suite 3, Allamanda Surgi Centre, 103 Nerang St	(07) 5573 8805
Tugun John Flynn Hospital and Medical Centre, Boyd St	(07) 5507 9731

SUNSHINE COAST

Caloundra Shop 3, Apollo Centre, 75 Bowman Rd	(07) 5499 7728
Maroochydore Saltwater, 8 First Ave	(07) 5479 0033
Nambour 42 Howard St	(07) 5441 6961
Sippy Downs Chancellor Park Market Place, University Way	(07) 5445 3087
Tewantin The Atrium, Cnr Sidoni St and Poinciana Ave	(07) 5447 1299

WIDE BAY BURNETT

Bundaberg Friendly Society Private Hospital, 19–23 Bingera St	(07) 4152 5333
Bundaberg 4 Maryborough St	(07) 4151 8276
Hervey Bay Melory Place, 53–55 Torquay Rd, Torquay	(07) 4128 4244
Hervey Bay Fraser Shores Shopping Plaza, 79 Boat Harbour Drive, Pialba	(07) 4128 4244
Maryborough St Stephens Medical Centre, 166 John St	(07) 4122 2344

CAPRICORNIA

Rockhampton 5 East St	(07) 4923 9840
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NORTH QUEENSLAND

Atherton Suite 3, 30 Mabel St	(07) 4091 2088
Cairns Abbott St	(07) 4051 5922
Magnetic Island Shop 6, Arcadia Shopping Centre, 5 Bright Ave	(07) 47785729
Townsville 32 Fulham Rd, Pimlico	(07) 4779 3277
Westcourt 318 Mulgrave Rd	(07) 4041 6017

WESTERN QUEENSLAND

Dalby Maranoa Court, 44 Archibald St	(07) 4662 3922
Toowoomba 99 Russell St	(07) 4638 5420
Warwick Friendly Society Health Centre, 53 Wood St	(07) 4661 3633

MID NORTH COAST NEW SOUTH WALES

Coffs Harbour 23 Park Ave	(02) 6652 6244
Grafton 19–21 King St	(02) 6642 1433
Nambucca Heads Shop 14, The Mall Estuary Lane	(02) 6568 5706
Woolgoolga Shop 2, Balcony Building 62 Beach St	(02) 6654 2022

NORTHERN RIVERS NEW SOUTH WALES

Ballina 81 Tamar St	(02) 6686 5967
Byron Bay 6 Lawson St	(02) 6685 7056
Lismore Suite 2, St Vincents Specialist Medical Centre, 20 Dalley St	(02) 6622 8666

NORTHERN TERRITORY

Darwin Shop 1, 24 Cavanagh St	(08) 8941 5322
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Urine drug screen

This test is performed by appointment only at certain collection centres. Contact our Patient Services Support Centre on (07) 3377 8747 (freecall 1800 777 877 for callers outside Brisbane) for details of an appropriate collection centre close to you.

On the day of the test, you must follow a strict collection procedure, and you will be required to show one of the following forms of photographic identification:

- a current passport
- a current driver's licence, or
- employee photo identification.

If you do not possess photo identification, please discuss this with collection centre staff prior to the test so that a suitable alternative may be considered.

Our staff are instructed not to perform the test unless photo identification is produced.

If you have any questions regarding the collection or test procedure, please do not hesitate to call the collection centre at which you have an appointment. Alternatively, you can call our Patient Services Support Centre on (07) 3377 8747 (freecall 1800 777 877 for callers outside Brisbane).

Before the test:

Continue your normal fluid intake, but do not drink an excessive amount of fluids leading up to your test.

Fasting for blood tests

In the 3 hours after you eat, many chemicals in your blood undergo significant changes. These changes can also occur if you do not eat for an extended period (more than 16 hours). Because of this, many blood tests should be collected in the morning after an overnight fast.

Fasting means that you eat and drink nothing except water for 8–12 hours before your blood test. During your fast, you may drink water, but it must contain no additives (e.g. tea, coffee, or cordials). You should avoid alcohol for 72 hours (3 days) prior to the test, if possible.

Unless your doctor advises otherwise, you should continue taking current medications. However, you should avoid smoking cigarettes while fasting.

Diabetics should not fast without medical advice.

You should not fast for more than 16 hours.

Your doctor will advise if you are required to fast for your blood test.

For more information, please telephone Patient Services Support on (07) 3377 8747 (freecall 1800 777 877 for callers outside Brisbane).