

Lab ID Number



**SONIC
HEALTHCARE**
Quality is in our DNA



Lab ID Number

Patient Last Name	Given Name	Sex	Date of Birth	Investigation Area
Patient Address			Telephone (Home)	Oakey Tindal NT Williamtown (Please circle site)

Tests Requested:

PFAS (Per - And Polyfluoroalkyl Substances) - Blood Testing

SRA PLEASE NOTE: No other testing authorised

Clinical Notes:

DEPARTMENT OF HEALTH VOLUNTARY BLOOD SCREENING

Referral Expiry Date: 30 April 2019 **DOCTOR'S SIGNATURE NOT REQUIRED**

Copy Reports To: HXT76	Referring Doctor:
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Account Name/Address Dept of Health	Pay Cat. DHPF	Loc Code:	Coll. Type:	Staff ID	Spec. Legend 2x SST
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Patient/Guardian Declaration
I certify that the pathology specimen accompanying the request was collected from me, the patient stated above as established by direct inquiry.

Patient Signature _____

Date of Collect: ____/____/____ Time of Collect: _____

Patient consent for testing

I, _____ hereby consent to my blood sample to be tested for Per-And Polyfluoroalkyl substances. The results of these test will be de-identified and sent to the Department of Health.

Signature _____ Date _____

Patient consent for Epidemiological Study Research

I, _____ hereby consent to my blood sample and result being sent to Australian National University to participate in the Epidemiological Study and understand that I may be contacted by the Study researchers into the future.

Signature _____ Date _____

Patient Information

To find you local Sonic Healthcare collection centre, please go to www.soniccommercialpath.com.au

This a **not** a fasting test. Please ensure you drink at least **two** glasses of water prior to visiting your local collection centre.