



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)

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

**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

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

### BRISBANE SUBURBS

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

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

### GOLD COAST

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

### SUNSHINE COAST

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

### WIDE BAY BURNETT

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

### CAPRICORNIA

<b>Rockhampton</b> 5 East St	(07) 4923 9840
------------------------------	----------------

### NORTH QUEENSLAND

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

### WESTERN QUEENSLAND

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

### MID NORTH COAST NEW SOUTH WALES

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

### NORTHERN RIVERS NEW SOUTH WALES

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

### NORTHERN TERRITORY

<b>Darwin</b> Shop 1, 24 Cavanagh St	(08) 8941 5322
--------------------------------------	----------------

## 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).