

PATHOLOGY REQUEST FORM CLINICAL STUDIES

Patient Details

Surname: _____	Given Name: _____
Date of Birth: _____ / _____ / _____ <i>dd mm yyyy</i>	Sex: Male Female
Address: _____ _____	Your Reference: _____ (optional)
Phone No.: _____	

Doctor Details (must be completed)

Name: _____

Address: _____

Phone: _____

Test Required (Please tick one test only)

- Fabry Disease
- Pompe Disease
- Gaucher Disease/ASMD (Niemann-Pick A/B)

COPY TO: HXT76

Billing SANG

Sanofi Genzyme
Macquarie Park NSW 2113

Collection Instructions

- 1 Collect 1 x 4mL EDTA tube (purple top)
- 2 Label tube as per patient details above. Complete collection centre details below with date and time of collection.
- 3 Send sample with request form to the laboratory.

If you have any questions regarding this collection please contact Commercial Testing on 1300 666 332

SRA INSTRUCTIONS

Code episode with **O345**. Send the EDTA tube to Haematology for processing.

PROCESSING INSTRUCTIONS

Follow supplied instructions and complete and blot card as per instructions provided. Card must be allowed to dry for a **minimum of 4 hours** prior to placing in reply paid envelope for posting.

Clinical Notes

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	