

Lab ID Number

SONIC  
HEALTHCARE

Quality is in our DNA

Lab ID Number

## PATHOLOGY REQUEST FORM

CORPORATE

## MUCOPOLYSACCHARIDOSES FORM

## Patient Details

Title: Mr.  Mrs.  Ms  Miss 

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female 

## Patient Address:

\_\_\_\_\_  
\_\_\_\_\_

Doctor:

Copy to Doctor: HXT76

Billing:

SANG - Sanofi Genzyme

## Tests Requested:

**Sample to be collected Monday to Wednesday only**

- OLIGOSACCHARIDES SRA Code: SANG  
(Collect spot urine - minimum 10mL)

## Collection Instructions:

Collect and label urine pot as per normal procedure

Urine is to be kept refrigerated and transported on ice brick/pillow to main lab

## Laboratory Staff Instructions:

Do NOT code for the test, **code only superset SANG** and give sample to Sendaways Department for refrigerated shipment to: SA Pathology Core Laboratory, Women's & Childrens Hospital, Level 4 Rieger Building, 72 Kind William Rd, North Adelaide SA 5006

## Clinical Notes

Doctor Signature NOT required

## For Laboratory Use

Staff ID:

Loc Code:

Type of collect:

I certify that the pathology specimen accompanying the request was collected from the patient stated above as established by direct inquiry.

Signature of person collecting specimen \_\_\_\_\_

Date of Collect: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time of Collect: \_\_\_\_\_

3/04/2019