

Lab ID Number



DOUGLASS HANLY MOIR PATHOLOGY  
BARRATT & SMITH PATHOLOGY  
Quality is in our DNA



CLINICAL TRIAL

# PATHOLOGY REQUEST FORM CLINICAL STUDIES

### Patient Details

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: Male Female  
dd mm yyyy

Address: \_\_\_\_\_ Your Reference: \_\_\_\_\_  
(optional)

Phone No.: \_\_\_\_\_

### Doctor Details (must be completed)

### Test Required (doctor to tick required test/s)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

- Fabry Disease
- Pompe Disease
- Gaucher Disease
- MPS I

**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 into the Macquarie Park laboratory.

**If you have any questions regarding this collection please contact Corporate Services on 02 9855 5144**

### SRA INSTRUCTIONS

Code episode with **COL1** and **TRIAL**. Send the EDTA tube to Sendaways for processing.

### SENDAWAY 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

Fasting: Yes  hours ..... No

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	GLUC	CITRATE	HEPARIN	BACTO	CYTO	24HR	PCR	OTHER	STUARTS	VIRAL	CHLAM	PAP	BACTO	CHLAM	FAECES	SEMEN	HISTO	DESCRIBE	CHECK	
		10ml																				