

SURNAME	GIVEN NAMES	SEX	DATE OF BIRTH	YOUR REF:
ADDRESS		TEL (HOME)	TEL (MOB)	

REQUESTING CLIENT
CLIENT CODE:

BILL CODE:

COPY TO

FASTING

YES ☐
NO ☐

ROOM CLINIC/ ROOM
STAMP STAMP

SIGNATURE **X**

TESTS REQUESTED

Fabry Disease
Pompe Disease
Gaucher Disease
MPS I

Collection Instructions

1. Collect 1 x 4ml EDTA
2. Label tube as per patient details above
3. RICS request form
4. Send sample with request form marked attention to ALWAYS at SRA

SRA Instructions

Please send reffridgerated specimen to:

*SA Pathology Core Laboratory
Womens and Chldrens Hospital
Level 4 Rieger Building
72 King William Rd
North Adelaide, SA, 5006*

LAB USE

Collected By

Collect Date

Tubes/Containers
Collected

SIGN

DATE

TIME

Collection Declaration: I certify that the accompanying sample from the above patient whose identity was conyrmed by enquiry and that I labelled the sample immediately following collection.

X