



SANOFI GENZYME TEIR 2 REQUEST

PATIENT DETAILS

SURNAME GIVEN NAMES SEX: M F DATE OF BIRTH

ADDRESS PHONE

Test Required (doctor to tick required test/s)

- Lyso-Ceramide Trihexoside (Lyso-GL3/Lyso-GB3) for Fabry Disease
Glucosyl-sphingosine (Lyso-GL1) for Gaucher Disease
Urine Glucose Tetrasaccharides for Pompe Disease

PAYCAT

SANG

ATT Collection Staff:

Please collect & label tubes as selected above.

- Complete requesting doctor name and address
HUDE this referral
Send specimen, all paperwork to ATT: SRA Supervisor

ATT SRA Staff:

Please code the following:

- Collection and handling fee (TNT)
Image form
Send all specimens & forms via TNT to SA Pathology Core Laboratory Womens & Childrens Hospital Level 4 Rieger Bldg, 72 King William Rd North Adelaide SA 5006

REQUESTING DETAILS

COPY DOCTOR

HXT76

COMMERCIAL PATHOLOGY SONIC HEALTHCARE C/- DOUGLASS HANLY MOIR PATHOLOGY 14 GIFFNOCK AVE MACQUARIE PARK NSW 2113

OFFICE USE ONLY

Table with columns: Location Code, Collector Code, Referral Date, Collection Date, Time, Service Date, and various test codes (GEL, CLOT, EDTA, etc.).

SANG.PUB 06/18