

Lab ID Number



# clinpath

ADELAIDE PATHOLOGY

**\*TRIAL\***  
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)

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

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

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

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

- Lyso-Ceramide Trihexoside (Lyso-GL3/Lyso-GB3) for Fabry Disease (collect 1 x 4mL EDTA)
- Glucosyl-sphingosine (Lyso-GL1) for Gaucher Disease (collect 1 x 4mL EDTA)
- Urine Glucose Tetrasaccharides for Pompe Disease (collect 10mL spot urine)

**COPY TO:** HXT76

**Billing** SANG  
Sanofi Genzyme

### Collection Instructions

- 1 Collect sample as indicated by the test ticked above.
- 2 Label specimen as per protocol. Complete collection centre details below with date and time of collection.

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

### SRA INSTRUCTIONS

Code episode with Y973 (SANOFI SENDAWAY). Send all samples to Sendaways for transport.

### SENDAWAY INSTRUCTIONS

Send all samples to SA Pathology, Frome Road, Adelaide SA 5000

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