

Lab ID Number



HOBART
PATHOLOGY
LAUNCESTON
PATHOLOGY
NORTH WEST
PATHOLOGY
Quality is in our DNA

PATHOLOGY REQUEST FORM CLINICAL STUDIES

Patient Details

Surname: _____

Given Name: _____

Date of Birth: ____ / ____ / ____
 dd mm yyyy

Sex: Male Female

Address: _____

Your Reference: _____
(optional)

Phone No.: _____

Doctor Details (must be completed)

Test Required (Please tick one test only)

Name: _____

Fabry Disease

Address: _____

Pompe Disease

Phone: _____

Gaucher Disease/ASMD (Niemann-Pick A/B)

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 to the laboratory.

If you have any questions regarding this collection please contact Commercial Testing on 1300 666 332

SRA INSTRUCTIONS

Code episode with **K850**. Send the EDTA tube to Haematology for processing.

PROCESSING INSTRUCTIONS

Complete and blot card as per instructions stored with kits. 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 10ml	GLUC	CITRATE	HEPARIN	BACTO	CYTO	24HR	PCR	OTHER	STUARTS	VIRAL	CHLAM	PAP	BACTO	CHLAM	FAECES	SEMEN	HISTO	DESCRIBE	CHECK	

April 2019