

PATHOLOGY REQUEST FORM

Commercial Pathology – Prepaid Toxicology



SA Pathology USE ONLY
AFFIX BARCODE
HERE

Patient Details

ATSI Status Yes ☐ No ☐

Surname	Given Name (in full)	Date of Birth	Sex	
Address		Suburb	State	Postcode
Email	Phone	Medicare Number		
Send results via ☐ Email (as above) ☐ Mail (as above) ☐ Fax _____		Signature to authorise testing		

Client Details

Client: Prepaid Toxicology Facility: SA Pathology Encounter: Commercial Fin Class: Pre Paid Client Reference: Receipt Number _____	Copy to:
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Tests Requested

☐ Urine Drug Screen with GCMS Confirmation

Relevant Clinical Notes (medication taken in the last 14 days)

Creatinine Check ☐ Yes ☐ No Adulteration Check ☐ Yes ☐ No Urine Colour _____ Abnormal Findings? _____	Void Time _____ Spec Temp (°C) _____ Range 32-38°C Temp Measure Time _____	Requires further investigation (if applicable)
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CHAIN OF CUSTODY – Drug Testing

Donor Certification to be completed by donor:

By signing and initialling this form, I certify that the specimens accompanying this form are my own and were provided by me to the collector and that the information on this form and on the labels is correct.

I consent to the analysis of the specimens for the tests required under the relevant Australian standard.

Print Name _____ Date ____ / ____ / ____

Signature _____ Initial _____

Employment Screening

I consent to the release of these results to my (prospective) employer or their authorised representative.

Print Name _____ Signature _____ Date ____ / ____ / ____

Collector Certification to be completed by the collector:

I certify that the specimen(s) identified on this form is that provided to me by the donor and that it bears the correct identification.

This sample was collected in accordance with:

AS/NZS 4308 (urine) ☐ or AS 4760 (oral fluid) ☐ AQTF Accredited: Yes ☐ No ☐ Certificate Number _____

Print Name _____ Signature _____ Date ____ / ____ / ____

Collection Details

Collector's Signature	Collection Date ____ / ____ / ____	Collection Time ____ : ____ am/pm	
Specimen Received	Date and Time ____ / ____ / ____	Seal Intact Y/N	Labels Match Y/N