

# 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<br><input type="checkbox"/> Email (as above) <input type="checkbox"/> Mail (as above) <input type="checkbox"/> Fax _____ |                      |                 | Signature to authorise testing |          |

### Client Details

|  |          |
|--|----------|
| Client: Prepaid Toxicology<br>Facility: SA Pathology<br>Encounter: Commercial<br>Fin Class: Pre Paid<br>Client Reference: Receipt Number _____ | Copy to: |
|--|----------|

### Tests Requested

Urine Drug Screen with GCMS Confirmation

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

|  |   |  |
|--|---|--|
| Creatinine Check <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Adulteration Check <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Urine Colour _____<br>Abnormal Findings? _____ | Void Time _____<br>Spec Temp (°C) _____<br>Range 33-38°C<br>Temp Measure Time _____ | Requires further investigation (if applicable) |
|--|---|--|

### CHAIN OF CUSTODY – Drug Testing

**Donor Certification** to be completed by donor:

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 \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### 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<br>/ / | Collection Time<br>: am/pm |                  |
| Specimen Received     | Date and Time          | Seal Intact Y/N            | Labels Match Y/N |