



# Patient Request For Copy Of QML Pathology Results

## Information for Patients

- 1) This request may take up to fourteen (14) working days to process. In addition, longer delays may be expected for complicated testing still in progress at the time of request.
- 2) Patients must collect their results in person from QML Pathology at a Laboratory or Collection Centre and supply photographic ID including example of signature (eg. drivers licence or passport) or two other forms of identification, including one with example of signature (eg. birth certificate/marriage certificate/medicare card/pension card/credit cards).
- 3) A Twenty Dollar (\$20) administration fee applies to all copies of results.

## FORM A

PATIENT DETAILS (PLEASE PRINT CLEARLY AND ALL DETAILS MUST BE FULLY COMPLETED)

Patient's Name Last Name ..... First Name ..... Second Initial .....

Title Mr / Mrs / Ms / Miss / Dr Medicare Number ..... Date of Birth ..... / ..... / .....

Patient's Current Address .....

Telephone Number Home ..... Work ..... Mobile .....

REFERRING DOCTOR DETAILS Doctors Name .....

Surgery ..... Suburb/Town ..... State .....

TEST DETAILS Test Name (if known) .....

Date specimen(s) collected 1) ..... / ..... / ..... 2) ..... / ..... / .....

Address at time of testing (if different to address given above) ..... Suburb/Town ..... State .....

## DETAILS OF REQUEST

- I wish to collect these results from
- Laboratory (please nominate) .....
  - Suburban Collection Centre (Nominate Collection Centre) .....  
*(To locate your nearest Laboratory or Collection Centre please visit [www.qml.com.au](http://www.qml.com.au) or call (07) 3121 4444)*
  - Via Mail **Remote Areas and Overseas only**  
*(Copies of identification and payment must be included with this form prior to results being released)*

- Preferred Method of Payment
- Cheque (please make payable to QML Pathology)
  - Money Order
  - Credit Card (please complete details below)

## CREDIT CARD AUTHORITY

Type of card Visa  Mastercard  Bankcard  Amex  Diners Club

### FILL IN ALL THE SPACES BELOW

Card Holder's Name .....

Card No.                    Card Expiry Date   /

Amount \$ .....

Card Holder's Signature

# Patient Request For Copy Of QML Pathology Results – Confirmation Form

## FORM B

DECLARATION - TO BE SIGNED ON COLLECTION OF RESULTS FROM COLLECTION CENTRE.

I understand that

- I must supply proof of identity when collecting these results. This proof of identity must be in the form of:
  - a) photographic ID including example of signature eg. drivers licence or passport OR
  - b) two other forms of identification (including one with example of signature) eg. birth certificate/marriage certificate/medicare card/pension card/credit cards
- I should arrange a consultation with my doctor if I require interpretation of these test results.

Signature ..... Date ..... / ..... / .....

**Please return form to your nearest QML Pathology Collection Centre, or alternatively post to QML Pathology, PO Box 2280, Mansfield Q 4122.**

OFFICE USE ONLY - TO BE COMPLETED BY QML PATHOLOGY STAFF

**Collection Centre staff: Please return this form to your Branch upon collection of results by patient. Ensure identification has been checked, payment received and receipted and 'Patient Request for Copy of Pathology Results' form has been signed by patient.**

QML Pathology Staff Name: .....

QML Pathology Staff Signature: .....

Date results collected by patient: ..... / ..... / ..... ID sighted:  Yes  No

ID type (eg. drivers licence, passport) ..... Relevent ID no. (eg. licence no., passport no.) .....

## PATIENT DETAILS

Patient's Name: Last name: ..... First Name: ..... Second Initial: .....

Title: Mr / Mrs / Ms / Miss / Dr Date of Birth: ..... / ..... / .....

Patient's Current Address :  
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