



Patient Request for Copy of QML Pathology Results

Information for Patients

- 1) This request may take up to 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, e.g., drivers licence or passport, or two other forms of identification, including one with example of signature, e.g., birth certificate, marriage certificate, Medicare card, pension card or credit card.
- 3) A \$20.00 administration fee applies to all copies of results.

FORM A

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

FILE NO.

Last Name First Name Middle Name

Title (please circle) Mr / Mrs / Ms / Miss / Dr Medicare Number Date of Birth / /

Current Address

Home Phone Work Phone Mobile

REFERRING DOCTOR DETAILS

Doctor's Name

Surgery Suburb State

TEST DETAILS

Test Name (if known)

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

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

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 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

FILL IN ALL THE SPACES BELOW

Cardholder's Name

Type of card MASTERCARD VISA

Card No.

Card Expiry Date /

Amount \$

Cardholder'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, e.g., drivers licence or passport **OR**
 - b)** two other forms of identification (including one with example of signature), e.g., birth certificate, marriage certificate, Medicare card, pension card or credit card.
- 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 QLD 4122. Should you have any questions please phone 1800 677 491.

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 Member Name

QML Pathology Staff Member Signature

Date results collected by patient / /

ID sighted Yes No

ID type, e.g., drivers licence, passport Relevant ID no. e.g., licence no., passport no.....

PATIENT DETAILS

Last name: First Name Middle Name.....

Title (please circle) Mr / Mrs / Ms / Miss / Dr Date of Birth / /

Current Address.....

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