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| Date | |
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| <i>Number of pages including cover sheet</i> | 1 |
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| To | Added Test Department |
| Organisation | QML Pathology |
| Fax <i>Please use closest laboratory fax no. as per listing</i> | |

| | |
|--------------|--|
| From | |
| Phone | |

Patient Details

| | |
|---------------------------|--|
| Surname | |
| Given name(s) | |
| Date of Birth | |
| QML Laboratory No. | |

Added Tests Required

Doctor's Signature: _____ **Date:** _____

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