



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 <small>Please use closest laboratory fax no. as per listing</small>	

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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