

<b>Date</b>	
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<i>Number of pages including cover sheet</i>	1
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<b>To</b>	<b><i>Added Test Department</i></b>
<b>Organisation</b>	QML Pathology
<b>Phone</b>	07 3121 4950
<b>Fax</b>	07 3121 4019

<b>From</b>	
<b>Phone</b>	
<b>Fax</b>	

### ***Patient Details***

<b>Surname:</b>	
<b>Given name(s):</b>	
<b>Date of Birth:</b>	
<b>QML laboratory number:</b>	

### ***Added Tests Required***

Doctors Name: ..... Provider No: .....

Doctor's Signature: ..... Date: .....

***Confidentiality Notice***

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