

Lab ID Number



**SONIC
HEALTHCARE**
Quality is in our DNA



Lab ID Number

Patient Last Name	Given Name	Sex	Date of Birth	Investigation Area <input type="checkbox"/> Oakey <input type="checkbox"/> Williamtown (please tick)
Patient Address			Contact Telephone Number	

Tests Requested:

PFAS (Per - And Polyfluoroalkyl Substances) - Blood Testing SRA Code: U076

SRA PLEASE NOTE: No other testing authorised

Clinical Notes: **DEPARTMENT OF HEALTH VOLUNTARY BLOOD SCREENING**

Referral Expiry Date: 31 March 2018 **DOCTOR'S SIGNATURE NOT REQUIRED**

Copy Reports To: HXT76	Referring Doctor:
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Account Name/Address Dept of Health	Pay Cat. DHPF	Loc Code:	Coll. Type:	Staff ID	Specimen Legend 2x SST
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Patient/Guardian Declaration
I certify that the pathology specimen accompanying this request was collected from me, the patient stated above, as established by direct inquiry.

Patient Signature _____

Date of Collection: ____/____/____ Time of Collection:

Patient consent for blood testing

I, _____ hereby consent to my blood sample to be tested for Per-And Polyfluoroalkyl substances.
The result of these tests will be de-identified and sent to the Department of Health.

Signature _____ Date _____

Patient consent for Epidemiological Study Research

I, _____ hereby consent to my blood sample and result being sent to Australian National University to participate in the Epidemiological Study, the conduct of which I have read and understood, and I understand that I may be contacted by the Study researchers into the future.

Signature (Parent/Guardian) _____ Date _____

Patient Information

To find your local Sonic Healthcare collection centre, please go to www.soniccommercialpath.com.au

This a **not** a fasting test. Please ensure you drink at least **two** glasses of water prior to visiting your local collection centre.