



Lab ID Number	 SONIC HEALTHCARE Quality is in our DNA	 Australian Government Department of Health	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		Telephone (Home)	
Tests Requested: <p style="text-align: center;">PFAS (Per - And Polyfluoroalkyl Substances) - Blood Testing</p> <p style="text-align: center;">SRA PLEASE NOTE: No other testing authorised</p>			
Clinical Notes: <p style="text-align: center;">DEPARTMENT OF HEALTH VOLUNTARY BLOOD SCREENING</p>			
Referral Expiry Date: 31 March 2018		DOCTOR'S SIGNATURE NOT REQUIRED	
Copy Reports To: HXT76		Referring Doctor:	
Account Name/Address Dept of Health	Pay Cat. DHPF	Loc Code:	Coll. Type: Staff ID Spec. Legend 2x SST
Patient/Guardian Declaration <i>I certify that the pathology specimen accompanying the request was collected from me, the patient stated above as established by direct inquiry.</i> Patient Signature _____ Date of Collect: ____/____/____ Time of Collect: _____			
Patient consent for testing			
I, _____ hereby consent to my blood sample to be tested for Per-And Polyfluoroalkyl substances. The results of these test 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 and understand that I may be contacted by the Study researchers into the future. Signature _____ Date _____			
Patient Information			
To find you 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.			