AUSTRALIAN Clinicallabs

COMMERCIAL PATHOLOGY NON MEDICARE BILLING

Further information: 13 LABS | ClinicalLabs.com.au

Patient Surname	Given Name(s)	Sex	Date of Birth	Your Reference

Patient Address	Post Code	Tel (Home/Mobile)	Tel (Bus)

- ☐ **FBE**
- ☐ **E/LFTs**
- ☐ **Fasting Glucose**
- ☐ **CRP**
- ☐ **Lipids HDL/LDL and ratios**
- ☐ **Iron Studies**
- ☐ **GH, IGF-1, DHEAs, SHBG, Testosterone, Free Testosterone, FSH, LH, Prolactin, Progesterone, Oestrogen, Serum Cortisol**
- ☐ **TSH, FT3, FT4**
- ☐ **Vitamin D**
- ☐ **HbA1c**
- ✓ **Collection Fee – Data Entry Use Code: [CHA]**

Requesting Client:	Additional Copies To:
[Y8978] The Functional Doctors Level 2/280 Flinders Street Townsville QLD 4810 1800 370 690	
Client Data Entry Code: Y8978	Billing Code: BILL TO PATIENT – ACCOUNT CLASS: [NUT]

Collection Centre/Transport Instructions:

Laboratory Instructions:

Data Entry Instructions:

- Please ensure code [CHA] is entered for every episode
- Bill to: Patient
- Account Class: NUT

I certify that the blood specimen(s) accompanying this request was drawn from the patient named above and I established the identity of the patient by direct inquiry and/or by inspection of wrist band, and immediately upon the blood being drawn I labelled the specimen(s).

FULL NAME _____ **SIGNATURE** X _____ **DATE:** _____ **TIME:** _____

Clinical Laboratories Pty Ltd A.B.N. 62 006 823 089

Person collecting specimen(s)

GEL	EDTA	SOD CIT	FLOX	PLAIN	HEP	ESR

24H U	MSU	SWAB	PAP	HIST	SLIDE	FAECE	SPUT

FUNG	SEMEN	CSF	EGGTRACE

HOLTTRACE	OTHER	GEL