

Patient Surname	Given Name(s)	Sex	Date of Birth	Your Reference
Patient Address		Post Code	Tel (Home/Mobile)	Tel (Bus)
<input checked="" type="checkbox"/> <b>Testosterone, Free Testosterone</b>				
<input checked="" type="checkbox"/> <b>Collection Fee – Data Entry Use Code: [CHA]</b>				
Requesting Client: [Y8978]  The Functional Doctors 280 Flinders Street Townsville QLD 4810  1800 370 690		Additional Copies To:		
Client Data Entry Code: Y8978		Billing Code: BILL TO PATIENT – ACCOUNT CLASS: [NUT]		
Collection Centre/Transport Instructions:				
Laboratory Instructions:				
Data Entry Instructions: <ul style="list-style-type: none"> <li>• Please ensure code [CHA] is entered for every episode</li> <li>• Bill to: Patient</li> <li>• Account Class: NUT</li> </ul>				

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**

**DATE:**

**TIME:**

X

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

Person collecting specimen(s)

GEL	EDTA	SODClT	PLQX	PLAIN	HEP	ESR
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24HU	MSU	SWAB	PAR	HIST	SLIDE	FAECE	SPUT
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FUNG	SEMEN	CSP	BBTRACE
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HOLTRACE	OTHER	GEL
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