

Lab ID Number	 <b>SONIC HEALTHCARE</b> <small>Quality is in our DNA</small>	 <b>Australian Government</b> <b>Department of Health</b>	Lab ID Number
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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:

PFAS (Per - And Polyfluoroalkyl Substances) - Blood Testing

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

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](http://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.