

Lab ID Number


**SONIC
HEALTHCARE**

Quality is in our DNA

Lab ID Number

PATHOLOGY REQUEST FORM

CORPORATE

MUCOPOLYSACCHARIDOSES FORM

Patient Details

Title: Mr. ☐ Mrs. ☐ Ms ☐ Miss ☐

Surname: _____ Given Name: _____

Date of Birth: ____/____/____ Gender: Male ☐ Female ☐

Patient Address: _____

Doctor: _____ Copy to Doctor: **HXT76**

Billing: **SANG - Sanofi Genzyme**

Tests Requested:

Sample to be collected Monday to Wednesday only

☒ OLIGOSACCHARIDES SRA Code: SANG
(Collect spot urine - minimum 10mL)

Collection Instructions:

Collect and label urine pot as per normal procedure
Urine is to be kept refrigerated and transported on ice brick/pillow to main lab

Laboratory Staff Instructions:

Do NOT code for the test, **code only superset SANG** and give sample to Sendaways Department for refrigerated shipment to: SA Pathology Core Laboratory, Women's & Childrens Hospital, Level 4 Rieger Building, 72 Kind William Rd, North Adelaide SA 5006

Clinical Notes

Doctor Signature NOT required

For Laboratory Use

Staff ID:

Loc Code:

Type of collect:

I certify that the pathology specimen accompanying the request was collected from the patient stated above as established by direct inquiry.

Signature of person collecting specimen _____

Date of Collect: ____/____/____

Time of Collect: _____

3/04/2019