

Lab ID Number



**SONIC  
HEALTHCARE**  
Quality is in our DNA

Lab ID Number

# COVID-19 Pathology Request Form | Corporate

## Client details

Title Mr ☒ Mrs ☐ Ms ☐ Miss ☐  
 Surname **SAMPLE ONLY** ----- Given name **SAMPLE ONLY** -----  
 Date of birth 00 / 00 / 00 Mobile No. 010101010 Gender Male ☒ Female ☐

## Client address

**SAMPLE ONLY** -----

## Client consent

If you provide your mobile number, you are consenting to receiving your results via sms

## Doctor

**TXI22**  
INTERLINK SERVICE AUSTRALIA  
  
2/209 HARRIS ST  
PYRMONT, NSW, 2009

## Copy to Doctor

**HXT7**

## Billing

**ISA - Interlink Australia**

Collector please indicate:

Swab site: -----

No. of swabs: -----

## Test requested

**COVID-19 PCR - asymptomatic patient**

## COVID-19 collection centre locations

NSW [www.dhm.com.au](http://www.dhm.com.au)  
 QLD/NT [www.snp.com.au](http://www.snp.com.au)  
 VIC [www.mps.com.au](http://www.mps.com.au)  
 SA [www.clinpath.com.au](http://www.clinpath.com.au)

ACT [www.capitalpath.com.au](http://www.capitalpath.com.au)  
 WA [www.clinipath.com.au](http://www.clinipath.com.au)  
 TAS [www.hobartpath.com.au](http://www.hobartpath.com.au)  
[www.launcestonpath.com.au](http://www.launcestonpath.com.au)

## Clinical notes

**Asymptomatic testing**

**Patient requires results prior to flight; flight details:**

**SAMPLE ONLY** -----

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.