

Family Name	Given Name	Participant Initials	Date of Birth (DD/MMM/YYYY)	Sex	Your Ref Attn DE: put selected ACL visit name in this field
Patient Address:			BILLING CODE: Q1175		
Requesting Client – Rapid Genetic Testing Level 3, RiverCity Private Hospital 401 Milton Rd, Auchenflower Brisbane QLD 4066		COPY TO –		Requesting Client ULTRA CODE: <b>CG963</b>	
Collection Date: ____/____/____ (DD/MMM/YYYY)		<b>ACL Barcode</b> Attn DE: Ensure barcodes belong to Blood sample and respective collection time			
Collection Time: ____ : ____ (24hr clock)					
<b><u>ACL Collector Instruction:</u></b>  <u>Collect samples for the TICKED ones only.</u>  <div>           Collect whole blood in 1x EDTA (purple) Tube (4 ml)           <input type="checkbox"/> </div> <div>           Collect 2 x 0.5ml whole blood EDTA for Paediatric patients           <input type="checkbox"/> </div>					
<b><u>ACL Data entry and Lab Instruction:</u></b>  ULTRA Panel to use: <b>RE6</b>  Send the samples (EDTA tube) or/and the swabs to ACL Murarrie lab (MRC) in Brisbane. (Ambient shipment)  <b><u>Instruction To MRC Lab only</u></b>  Ship the samples twice a week to Rapid Genetic Testing lab.					

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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.

FULL NAME

SIGNATURE

of wrist band, and immediately upon the blood being drawn I labelled the specimen(s).

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

Person collecting specimen(s)