PathWest
LABORATORY MEDICINE WA
ABN 13 993 250 709

RESULTS & ENQUIRIES
9224 2422

PATHOLOGY REQUEST

UMRN No. | Medicare Number
Surname
Given Names
Date of Birth | Age | Sex
Address

Consultant
Requesting Doctor
Surname | Initials
Address
Page
Provider Number
Doctors Signature X
Request Date

Source / Hospital | Ward

Days For Collection
M T W Thu F S Su

When collecting ANTIBIOTICS and DRUG assays fill in this box:
Drug Dosage Date Time

Copy Reports to:

Date of Collection | Time of Collection

CLOT	CIT	HEP	EDTA
GLU	ESR	ABG	URINE
SWAB	SLIDE	Other	

Collector's Signature
I certify that the blood specimen(s) accompanying this request was drawn from the patient named above and I established the identity of this patient by direct inquiry and/or by inspection of wrist band and immediately upon the blood being drawn I labelled the specimen(s)

X
Patient Status at time of service or when specimens collected:

Collection Centre:
Bill To:
Patient Class:

Laboratory accredited for medical competence under the registration scheme of NATA and RCPA

TESTS REQUESTED

Familial Hypocalciuric Hypercalcaemia (FHH) Genetic Testing [BFHHG]

*(*Collect 1 x 3 mL EDTA tube - *please forward to PathWest Fiona Stanley Hospital, Attn: Dr Amanda Hooper)*

FSH CSRA: Please put samples in CVG box in CSRA fridge.

Clinical/family history:

Patient Consent

I, _____, consent to genetic testing on my/my child's sample. I understand that:

- In order to assist in the interpretation of this genetic test, relevant clinical information will need to be provided.
- Test results will be made available to me via the medical practitioner requesting the test.
- Test results may have implications for children and/or other family members.
- Results are confidential and will only be released to family members or authorities with consent or as required by law.
- Testing will not affect the ability to obtain health insurance, but may affect applications for some types of life insurance.
- Samples and data will be kept for the period required by laboratory regulations.
- Interpretation of genetic test results is based on the best evidence at the time of reporting; additional analysis will only periodically be undertaken after a report is issued.

Possible outcomes of genetic testing:

- One or more disease causing (pathogenic), or likely disease causing, genetic changes are identified.
- Analysis did not detect any clinically relevant genetic changes. This may be because the clinical condition (a) is not due to a genetic change, (b) is due to a genetic change in a gene not analysed in this test, or (c) is due to a change in one of the genes analysed but for technical reasons the test method was unable to detect it.
- A genetic change of uncertain significance. This means that based on current knowledge of the gene(s) involved, the laboratory is unable to say whether the genetic change is the cause of the clinical condition.

Signature (patient/guardian/next of kin):_____ Date: ___/___/_____

Medical Practitioner Statement

I have explained the nature, limitations, likely results and risks associated with the requested genetic test to this person and answered his/her questions.

Requesting Health Professional (print name): _____

Signature:_____ Date: ___/___/_____