healius pathology

Laboratory Number:

National Commercial Pathology Request Form - DO NOT BULK BILL

PATIENT LAST NAME *GIVEN NAMES* *SEX* *DATE OF BIRTH*

ADDRESS *TEL (HOME)* *TEL (MOB)*

TESTS REQUESTED

Promarker®D

Serum Creatinine

IMPORTANT:

This is a privately billed test, use a separate generic test request form for any additional tests.

Please process via Commercial billing in Medway, select Pre-payment not required.

COLLECTION INSTRUCTIONS:

Do not batch

- Only collect if sample will reach Main Lab within 24 hours.
- Please refer to your BU Collection Manual/TRM for collection & courier instructions.

LAB/SRA INSTRUCTIONS:

1. Receipt request and confirm patient demographics are correct
2. Scan the request form for data entry
3. Load SST onto track for Creatinine
4. Centrifuge EDTA and make 1x plasma aliquot, label with patient name, DOB and lab number
5. Place aliquot into a specimen bag with a copy of the request form
6. Store in the freezer at -20 for collection by Proteomics courier

PROTEOMICS INTERNATIONAL LAB USE ONLY

Proteomics International

Patient Medicare number:

Requesting Doctor Details

Name: Provider No.: Surgery:

Phone No.: Request Date: Signature:

COPY TO

REQUESTING CLIENT DETAILS

Proteomics International 6 Verdun Street, Nedlands, Perth WA 6009
Australia +61 8 9389 1992 www.proteomics.com.au

Pathology Laboratory	State	List of Collection Centres	Emails	Dr/Ultra Code	Bill Code	Panel Code
Abbott Pathology	SA	abbottpathology.com.au	commercial@dorevitch.com.au	PRO1C	PROMD	SAT, CR
Dorevitch Pathology	VIC	dorevitch.com.au	commercial@dorevitch.com.au	PRO1C	PROMD	SAT, CR
Laverty Pathology	NSW/ACT	laverty.com.au	commercial.pathology@laverty.com.au	PRO1C	PROMD	SSS, CR
QML Pathology	QLD	qml.com.au	qml.commercial@qml.com.au	PROC1	PROMD	SEI, CRE
TML Pathology	TAS	tmlpath.com.au	qml.commercial@qml.com.au	PROC1	PROMD	SEI, CRE
Western Diagnostic Pathology	WA/NT	wdp.com.au	wdp.commercialservices@wdp.com.au	PRO1C	PROMD	RTU, CR

Collector to sign

I certify that the pathology specimen(s) accompanying this request was collected from the patient named above and I established the identity of this patient by direct inquiry and/or by inspection of wrist band.

Surname (print).....

Signed X.....

Location/ACC

Date: / /

Time: :

Received By SRA *No of Tests*

GEL	EDTA	Na CIT	FL OX	PLAIN	LITHEP	Na HEP	ACD	LH GEL	ESR	24h U	MSU	SWAB
PAP	HIST	SLIDE	FAEC	SPUT	FUNG	SEM	CSF/ BC	ECG TRACE	HOLT	VIRAL SWAB	THIN PREP	OTHER

Healius companies

abbott pathology | dorevitch pathology | laverty pathology | qml pathology | tml pathology | western diagnostic pathology

Proteomics International

PATIENT INFORMATION SHEET: PROMARKER®D

Proteomics International is a medical technology company operating at the forefront of precision diagnostics. myTEST, as seen below, is powered by Proteomics International.

1. PAYMENT

Payment is required by Proteomics International prior to the release of test results.

The test has a RRP of **$495.00** and is not currently covered by Medicare.

Please select one of the three payment options below.

Option 1 - Invoice via SMS: you will receive an invoice via SMS to the mobile phone number provided on the test request form after your blood sample has been received.

NOTE: if you have a discount code, select Option 2 or 3.

Option 2 - Pay via QR code: scan the QR code on the right to access the Stripe payment gateway.

Option 3 - Pay via the link: use the link to access the Stripe payment gateway: proteomics.com.au/payment

For payment enquiries, please contact feedback@proteomics.com.au

2. VISIT A PARTICIPATING BLOOD COLLECTION CENTRE

The test is only available at participating collection centres.

Scan the QR code or click the link to find your nearest authorised centre: healius.com.au/locations

No appointment or fasting is required.

3. ADDITIONAL TEST INFORMATION

Scan the QR code or click the link to learn more about the test: grs.ly/zugp7ts

Patient Signature for Informed Consent and Financial Responsibility

I accept full financial responsibility for any payment obligation associated with my test and consent to the selected test being performed.

Patient's Signature **X** ..... Date ..... / ..... /..... DD/MM/YYYY

DISCLAIMER: Proteomics International provides test reports based on the information provided on this test request form. Inaccurate, incomplete, or outdated clinical data may affect the test results leading to incorrect clinical interpretation and assessment. Proteomics International is committed to safeguarding your personal and sensitive health information. The data collected on this pathology request form including relevant health details is required to deliver, manage, and support pathology testing services. Your information may be recorded and stored electronically in a secure system. By submitting this form, you consent to the collection, use, disclosure, and secure retention of your personal information in accordance with the Privacy Act 1988 (Cth). Healthcare providers are responsible for ensuring that all relevant patient history, clinical findings, and current health conditions are accurately reported when submitting a test request. The tests (described in this form) facilitated by Proteomics International do not replace currently recommended methods of disease detection or screening. The tests are not intended to diagnose, treat, or cure disease or condition, and gives no warranty that any clinical lab test will prevent disease or condition. The interpretation of this test and clinical management of the relevant patient's condition is the responsibility of the treating health/medical practitioner. Proteomics International does not engage in rendering medical advice or any other medical services.

Copyright © 2025 Proteomics International. All rights reserved. All of the information in this document is the property of Proteomics International. It may not be distributed, transmitted, reproduced, copied or displayed without the written permission of Proteomics International.