



Prepaid Pathology Requests are accepted at Sonic Healthcare Collection Centres throughout Australia. Please find your closest travel collection centre at the following website [www.sonictraveltesting.com.au/collection-locations/](http://www.sonictraveltesting.com.au/collection-locations/)

## PATHOLOGY REQUEST



### SURNAME, GIVEN NAME

Traveller, Mary

### GENDER & D.O.B:

Female 01-01-2001

TC-SNTC210906123221CDA2

eOrder Only

### PHONE NUMBER:

+61444444444

No Account - This Has Been Prepaid

Medicare Verification Not Required

### ADDRESS:

1 SUNNY LANE  
SUNNYVILLE  
1234, NSW

### Email Address:

mary.traveller@zzzzz.com.au

### Passport:

AUS ZZ123456789

### Nationality:

Australian

### SERVICE:

NO ACCOUNT

### ISSUED FOR:

SINGLE USE

### VALID UNTIL:

05-Dec-2021

### REFERENCE:

TC-SNTC210906123221CDA2

### REFERRER CODE:

S20088

### REQUEST DATE:

06-Sep-2021

### TEST CODE

SARS-CoV-2 (COVID-19) PCR

### SAMPLES REQUESTED

1 x combined single swab of throat and nose

| Destination | Austria          | Carrier | Airline          |
|-------------|------------------|---------|------------------|
| Departure   | 19-09-2021 12:30 | Arrival | 10-10-2021 12:30 |

Please check for specific COVID testing time frames required by your destination country

### FOR THE COLLECTOR

PAY CODE: TRAVEL

ROOMS/LOCATION

Date collected

/ /

Time collected

:

COLLECTOR'S INITIALS/CODE:

By presenting this pathology request form to a Sonic Travel Testing collection centre you acknowledge that collection(s) of the required blood and/or swab samples are to be performed.

To be completed by patient in presence of collector.

I have checked my samples and they are labelled correctly.

PATIENT SIGNATURE

DATE

| TUBES | SWABS | OTHER    |
|-------|-------|----------|
| GEL   |       | DESCRIBE |
|       |       |          |