

Lab Tag/Express Post #:

## Laboratory Advice Form - Drug-Safe Communities

**To be completed by Field Testing Officer collecting the specimen.**

Please send the original copy of this form to the with the specimen(s) and the yellow copy to Drug-Safe Australia Administration Client Services included with the on-site paperwork to PO BOX 1111, Crow's Nest, NSW 2065.

No.	Donor Name	Date Collected	Barcode	T-Number	Date Result Received (Support office use only)
1	Test	02/05/2017			

**Client No.:** 202-01-0001

**Date sent to lab:** 02/05/2017

**Total no. sent:**

**Name/emp no. of collector:**

**Signed:**

**Referral Laboratory (please circle):**

Laverty / RASL / Dorevitch / Safe Work QLD / Safe Work NT / Safe Work WA / Chemcentre

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Authorised by Operations Manager

Controlled document for exclusive use by Drug-Safe Communities personnel.