

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	sdfsd	14/06/2017			
2	bgfhfbgg	14/06/2017			

Client No.: 201-01-0001

Date sent to lab: 14/06/2017

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.