



# Australian Health Survey

Ph: 1800 904 314

[www.abs.gov.au/australianhealthsurvey](http://www.abs.gov.au/australianhealthsurvey)



## Information about providing blood samples for the Australian Health Survey

### Before you go:

If you have decided to give a blood sample you will need to fast for at least 8 hours before your blood sample is collected.

'To fast' means not eating or drinking anything other than water for about 8-12 hours or overnight (if possible) before your blood test. You should drink water whenever you are thirsty or at least one glass an hour from when you wake up on the day you give your sample; this also makes it easier to give a blood sample.

- No – Food, tea, coffee, fruit juice or milk drinks etc.
- Yes – Drink water, up to one glass an hour when you're awake - **unless** your doctor has said not to drink too much water.

**PLEASE NOTE:** If you are not sure if you should fast, we suggest talking to your doctor to make sure you don't have any health problems (e.g. some types of diabetes) that mean fasting is not a good thing for you to do.

- Check with your doctor about whether or not you should fast.
- Take all your medications as usual.

### Instructions for after giving a blood sample

**Note:** Some people bruise easily after blood tests. But if you follow these instructions the bruising shouldn't be too bad. If you do get swelling or a lot of bruising after your blood test, please seek medical advice.

- Rest your arm.
- Don't lift any heavy things.
- Avoid wearing tight things near where the blood was taken.
- Avoid energetic exercise and activities – things that make you tired.

### Help available

If you have any questions or concerns about giving a blood sample or about filling in this form please call the Australian Bureau of Statistics on tel: **1800 904 314** Freecall (excluding mobile phones).

This referral is valid until .....

Please present this referral when attending the Pathology Collection Centre

*Thank you for agreeing to provide a blood sample and/or urine sample.*





# Australian Health Survey



## HOW TO CLAIM YOUR REIMBURSEMENT

When you attend the collection centre, your Patient Record of Attendance (see below) will be completed.

**Please allow a minimum of 3 business days before calling the 1800 number below.**

### Phone 1800 143 967 and provide your details over the phone

Please call between 8.30am and 5pm (Australian Eastern Time) Monday to Friday and have the following information ready:

- Your preferred bank account details including:
  - Account name
  - BSB number
  - Account number
- Details on your Patient Record of Attendance – see box below

Please note: If you have received a home visit you are not eligible to claim reimbursement.

*Thank you for providing a blood sample and/or urine sample.*

Australian Health Survey 2011-2013

### Patient Record of Attendance

*Office use only*

#### LAB ID

Affix LAB label here

#### *Interviewer:*

Affix ABS AHS Reference Number label here



**LAB ID**

Affix label here

**SONIC  
HEALTHCARE***"We take it personally"***Interviewer:**Affix ABS AHS Reference  
Number label here**Australian Health Survey 2011-2013  
Participant Referral – Collection Only****Patient Details** (Participant to complete items with this symbol)

Surname												
First name												
Date of birth		DD -		MM -		YYYY						
Address												
Suburb											State	
Postcode				Contact Number								

**ABS Interviewer use**Age in years   Sex **I will provide:** (Participant to complete) **Blood sample (AHSB)** **Urine sample (AHSU)**

(When at lab - to be entered at DHM ONLY)

**Fasting sample** **Y** **N**Time of  
last meal**Doctor Code: TXC331****Billing code: AHS****(to be entered at DHM ONLY)****Reports** (Participant to complete) **Copy to Patient:** A copy of the results will be posted to participant at the above address. **Copy to Medical Practitioner:** Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Collection Staff:**

- AHS Blood Sample** - Please Collect 2 x 8.5ml SST, 1 x 4ml EDTA & 1 x 4ml Fluoride Oxalate.
- AHS Urine Sample** - Please Collect 1 x 50ml Urine Container.
- Please ensure the patient has completed all details including the sample collection required and the questionnaire on the reverse side of this request form.
- Affix Lab ID to Patient Record of Attendance in space provided, give to patient as receipt of collection.
- Allow SST Tubes to clot for 30 minutes and centrifuge
- Send all specimens with the courier to the local central laboratory in your state

**A protocol for this collection is available within your laboratory collections manual. If you have any questions regarding the collections please contact the Commercial Pathology Department at your local main laboratory****Collection Centre Use ONLY** (Please indicate type of collection) Collection Centre: \_\_\_\_\_ Collectors Name: \_\_\_\_\_ Home Visit Date of Collection: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time of Collection: \_\_\_\_ : \_\_\_\_ AM / PMSST 8.5ml EDTA 4.0ml Flox 4.0ml Urine **Please image both sides of this request form**

LAB ID

Affix label here



SONIC  
HEALTHCARE

"We take it personally"

**Australian Health Survey 2011-2013**  
Participant Referral – Collection Only

**Laboratory Staff:**

1. Please data enter all patient demographic details into local Laboratory System.

**Test Code: AHS Doctor Code: TXC331**

2. Transport **all specimens ambient** and **original request form** to Douglass Hanly Moir, central laboratory, Macquarie Park NSW

**Participant to complete:**

**Do you regularly take prescription medication for any of these conditions?**

	Y	N
a. High cholesterol .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Diabetes .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Reduced kidney function.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Reduced liver function.....	<input type="checkbox"/>	<input type="checkbox"/>

**You should take your medications as usual on the day of your tests**

	Y	N	Unsure
e. Are you currently pregnant?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do you regularly take or use any of the following supplements?**

	Y	N	Unsure
f. Multivitamin(s) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Folate .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. B12.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Vitamin D.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Iodine .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Iron .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Nicotine replacement .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Collection Centre – Clinical notes:**

*Thank you for participating in the Australian Health Survey*