

Australian Health Survey

Ph: 1800 904 314 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 - <u>unless</u> 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.

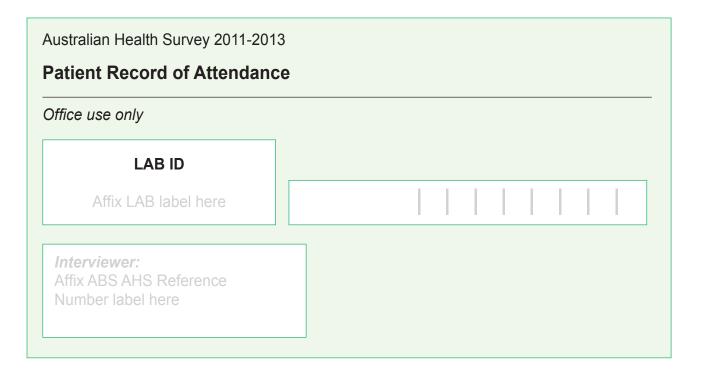
Phone 1800 143 967 and provide your details over the phone

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.





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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) **ABS Interviewer use** Surname Age in years First name Sex Date of birth DD -YYYY MM -Address Suburb State Contact Number Postcode I will provide: (Participant to complete) Fasting sample **Blood sample (AHSB)** Υ Ν Doctor Code: TXC331 Time of Urine sample (AHSU) **Billing code: AHS** last meal (to be entered at DHM ONLY) (When at lab - 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:** 1. AHS Blood Sample - Please Collect 2 x 8.5ml SST, 1 x 4ml EDTA & 1 x 4ml Fluoride Oxalate. 2. AHS Urine Sample - Please Collect 1 x 50ml Urine Container. 3. Please ensure the patient has completed all details including the sample collection required and the questionnaire on the reverse side of this request form. 4. Affix Lab ID to Patient Record of Attendance in space provided, give to patient as receipt of collection. 5. Allow SST Tubes to clot for 30 minutes and centrifuge 6. 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) Collectors Name: Date of Collection: ____/ / ___ Time of Collection: _____AM / PM Home Visit Flox 4.0ml SST 8.5ml EDTA 4.0ml Urine

Please image both sides of this request form

Office use only

Affix label here



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Laboratory Staff:	
1. Please data enter all patient demographic details into local Laboratory System.	
Test Code: AHS Doctor Code: TXC331	
 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 b. Diabetes c. Reduced kidney function d. Reduced liver function	
You should take your medications as usual on the day of your tests	
Y N Unsure e. Are you currently pregnant? Image: Constraint of the following supplements? Do you regularly take or use any of the following supplements? f. Multivitamin(s) g. Folate h. B12 i. Vitamin D j. Iodine k. Iron I. Nicotine replacement	
Collection Centre – Clinical notes:	

Thank you for participating in the Australian Health Survey