



Australian Health Survey



Phone 1800 904 314

www.abs.gov.au/australianhealthsurvey

Collection Information Sheet

Information about providing blood samples for the Australian Health Survey

Before you go:

If you have decided to give a blood sample it would be best if you could fast for at least eight 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, at least 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.



Yes – Check with your doctor about whether or not you should fast.



Yes – 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.

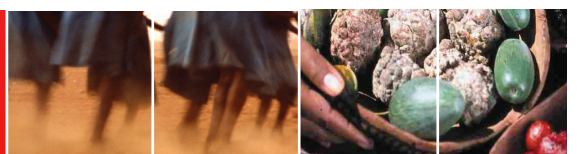
Please take this paper with you when you go to give samples

Help available

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

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

good health, our future





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Collection Information Sheet

If you would like to give blood and/or a urine sample please go to: _____

on: _____ at _____ : _____ am/pm.

This referral is valid until _____

AHSRN

What will happen when you go:

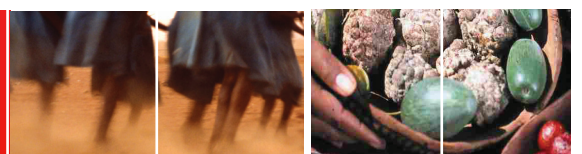
- ① The nurse will ask some questions about your medicines.
- ② The nurse will ask to take your blood sample from near your elbow.
- ③ You get a jar for your urine (pee) sample. You provide the urine sample in the jar while you go to the toilet.



Your samples will then be tested in a laboratory. You will find out your results in a few weeks.

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

good health, our future



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 / PM

SST 8.5ml

EDTA 4.0ml

Flox 4.0ml

Urine

Please image both sides of this request form

Office use only

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