$x$-some of the wiod counto thin my mimmetuate araa.


#  <br> Hame of Test: Blood Gas (Haemoxy) <br> Requested: 03/08/2015 Collected: 04/08/2015 Reported: 04/08/2015 14:47 <br> CIMincel Notes: NOT SUPPLIED 

Lab No: 21017197
Collected: 04/08/2015 14:25
Received : 04/08/2015 14:38
Blood Specimen
Venous Blood
Analyser Location Chemical Pathology - Geelong.

vB - Venous blood gas. Published reference ranges for venous blood obtained by peripheral venepunture.


Sample : Whole Blood


NTS. Carbow Monoxide Elaxoboion.

SWOKE NUSANCE COMPLAINANTS SURVEY FORM

Pease complete for a perlod of (2) two weeks

PO BOX 104

TELEPHONE $03527244 \%$ FACSIWILE 0352724375

| BATE | TEME | Tume/ | Whation | AREAWHIRE SMOKEIS ACCUMUSA | COUCENKATHON OF SHOKE LGIt $\rightarrow$ HEAVY 5 | AFEGTONHEETTH, SYLPTOMS, ALEERGIES |
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[^0]Signature of Complainant


Date: $14.8 / 15$

[^1]```
SMOKE NUBSANCE -
COMPLAINANTS SURVEY FORM
```

Plezse complete for a perlod of (2) two weeks

POBOX 104
GEELONG 3220 AUSTRALIA DY 200

TELEPHONE 0352724411 FAGSIMILE 0352724375

"Should the matter not be resolved upon Council investigation you will be required to attend Court as a withess to support the information you have provided.'.

## Signature of Complainant:



Date: 14/ $\qquad$ 1 15

[^2]Please complete for a period of (2) two weeks


PO BOX 104
GEELONG 3220 AUSTRALIA
TELEPHONE FACSIMILE

52724411 03.52724375

"Should' the matter not be resolved' upon Council investigation you will be required to attend Court as a witness to support the information you have provided."

## Signature of Complainant:

 Date: 1418115[^3] purposes, and for statistical purposes related to the application of the Act. It will be treated in compliance with the Department of Human Services Information Privacy Principles and the Information Privacy Act.

Please complete for a perlod of (2) two weeks

GEELONG
POBOX 104
GEELONG 3220 AUSTRALIA
TELEPHONE 0352724411 FACSIMALE 0352724375

"Should' the matter not be resolved upon Council investigation you will be required to attend Court as a witness to support the information you have provided."

## Slgnature of Complainant:



Date: 䭪 / 8 / 15

[^4]
[^0]:    "Should' the matter not be resolved upon Councill investigation you will be required to attend Court as a witness to support the information you have provided."

[^1]:    This information is collected under the requirements of the Health Act for enforcement of Public Health purposes. The personal information will be used solely by Council for that primary purpose or directly related purposes. It may be provided to the Department of Human Services for the same purposes, and for statistical purposes related to the application of the Act. It will be treated in compliance with the Department of Human Services Information Privacy Principles and the Information Privacy Act.

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