

**1300 134 111**

TITLE	PATIENT LAST NAME	GIVEN NAME (INCLUDING MIDDLE INITIAL)	SEX	DATE OF BIRTH	YOUR REFERENCE
			POSTCODE	MOBILE PH	ALT PH

TESTS REQUESTED

Fasting   
 Non Fasting   
 Pregnant   
 Horm Therapy   
 LNMP / /  
 EDC / /

CERVICAL CYTOLOGY

SITE Cervix   
 Vaginal Vault   
 Endometrium   
 Other   
 Post Natal   
 Post Menopausal   
 Radio Therapy   
 IUCD   
 Abnormal Bleeding   
 APPEARANCE OF CERVIX Benign   
 Suspicious

CLINICAL NOTES

RULE 3 EXEMPTION   
 SELF DETERMINED   
 REPEAT FORMS

PERSON COLLECTING SPECIMEN(S) TO COMPLETE

I certify that I collected the accompanying sample from the above patient, whose identity was confirmed by inquiry and/or examination of their name-band, and that I labelled the sample immediately following collection.

SIGNED: X COLLECTOR FULL NAME: \_\_\_\_\_  
 DATE: / / TIME: : : \_\_\_\_\_

DOCTOR'S SIGNATURE AND REQUEST DATE

X DOCTOR DATE: / /

URGENT  PHONE  FAX  BY TIME: \_\_\_\_\_

PHONE/FAX No.: \_\_\_\_\_

PRIVATE  SCHEDULE FEE  BULK BILL

VET AFFAIRS No.: \_\_\_\_\_

COPY REPORTS TO:

HOSPITAL/WARD:

REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME & INITIALS, ADDRESS)

MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973) I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner. In the alternate I authorise Australian Clinical Labs to submit my unpaid account to Department of Human Services so that Department of Human Services can assess my claim and issue a cheque to me payable to Australian Clinical Labs for the Medicare benefit.

PENSIONER/HCC HOLDER - PATIENT'S SIGNATURE AND DATE

X PATIENT DATE: / /  
 See over for Billing Policy and Privacy Note

FOR HOSPITAL PATIENTS  
 Patient status at the time of the service or when the specimen was collected:

1. Private patient in a private hospital or approved day hospital facility  yes  no  
 2. Private patient in a recognised hospital  yes  no  
 3. A public patient in a recognised hospital  yes  no  
 4. Outpatient of a recognised hospital  yes  no

TUBES				URINE				SLIDES		CONTAINERS				SWABS:	OTHER:						
GEL	EDTA	FLOX	SOD CIT	ESR	HEP	PLAIN	MSU	CYTO	24 HR	PCR	CHEM	MICRO	CYTO	LBC	HIST	FAECES	SPUT	FUNG	CSF		



**PATIENT COPY**

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TESTS REQUESTED

REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME & INITIALS, ADDRESS)

**PATIENT COPY**

**IMPORTANT NOTE:** Your doctor has recommended that you use Australian Clinical Labs. You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist on clinical grounds a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor.

**PRIVACY NOTE:** The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of Government health programs, and may be used to update enrolment records. Its collection is authorised by provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health or to a person in the medical practice associated with this claim, or as authorised/required by law.

**PRIVACY COLLECTION NOTICE:** The information provided on this form will be used and disclosed to provide pathology services and administer pathology tests, including providing information about your tests to your relevant healthcare professionals. Without this information, we may not be able to administer the requested pathology test or other relevant services requested by you. For further information as to how we handle your personal information, visit our privacy policy at [clinicallabs.com.au/about-us/privacy-policy](http://clinicallabs.com.au/about-us/privacy-policy).

## Collection Centres

For up-to-date locations and opening hours of Collection Centres please scan the QR code below or visit [clinicallabs.com.au/location](https://www.clinicallabs.com.au/location)

**We accept all request forms.**



**SCAN HERE**

*Find your nearest collection centre*

.....  
[clinicallabs.com.au/location](https://www.clinicallabs.com.au/location)

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