

TITLE	PATIENT LAST NAME	GIVEN NAME (INCLUDING MIDDLE INITIAL)	SEX	DATE OF BIRTH	YOUR REFERENCE
PATIENT ADDRESS		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
 IUUCD
 Abnormal Bleeding
 APPEARANCE OF CERVIX Benign
 Suspicious

CLINICAL NOTES

RULE 3 EXEMPTION
 SELF DETERMINED
 REPEAT FORMS

COLLECTOR'S DECLARATION SIGNATURE COMPULSORY

URGENT PHONE FAX BY TIME: _____
 PHONE/FAX No.: _____
 PRIVATE SCHEDULE FEE BULK BILL
 VET AFFAIRS No.: _____

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 _____ FULL NAME: _____
 DATE: / / TIME: : _____

DOCTOR'S SIGNATURE AND REQUEST DATE
 X _____ DOCTOR _____ DATE: / /

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. I acknowledge and accept that I may receive an out of pocket invoice for these tests and I will be responsible for payment of this invoice.

Practitioner's Use Only Reason patient cannot sign:

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	<input type="checkbox"/>	<input type="checkbox"/>
3. A public patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
4. Outpatient of a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>

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



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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.

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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1300 134 111 | [clinicallabs.com.au](https://www.clinicallabs.com.au)