AUSTRALIAN Clinicalabs

GENERAL PATHOLOGY REQUEST FORM

MEDICARE CARD NUMBER & IRN:

ACC STAMP

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 ☐

URGENT ☐ PHONE ☐ FAX ☐ BY TIME: ___:___

PHONE/FAX No.:

PRIVATE ☐ SCHEDULE FEE ☐ BULK BILL ☐

VET AFFAIRS No.:

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: / /

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.

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:

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

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

RCPA The Royal College of Pathologists of Australasia
This document is issued in accordance with the NATA/RCPA accreditation requirements

NATA ACCREDITED TECHNICAL COMPETENCE

AUSTRALIAN Clinicalabs

YOUR PATHOLOGY REQUEST

PATIENT COPY

MEDICARE CARD NUMBER

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

TESTS REQUESTED

SAVE CLEAR FORM

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.*