

TITLE	PATIENT LAST NAME	GIVEN NAME (INCLUDING MIDDLE INITIAL)	SEX	DATE OF BIRTH	YOUR REFERENCE
				POSTCODE	ALT PH
TESTS REQUESTED					Fasting <input type="checkbox"/> Non Fasting <input type="checkbox"/> Pregnant <input type="checkbox"/> Horm Therapy <input type="checkbox"/> LNMP EDC CERVICAL CYTOLOGY SITE Cervix <input type="checkbox"/> Vaginal Vault <input type="checkbox"/> Endometrium <input type="checkbox"/> Other <input type="checkbox"/> Post Natal <input type="checkbox"/> Post Menopausal <input type="checkbox"/> Radio Therapy <input type="checkbox"/> IUCD <input type="checkbox"/> Abnormal Bleeding <input type="checkbox"/> APPEARANCE OF CERVIX Benign <input type="checkbox"/> Suspicious <input type="checkbox"/>
CLINICAL NOTES					
RULE 3 EXEMPTION <input type="checkbox"/> SELF DETERMINED <input type="checkbox"/> REPEAT FORMS <input type="checkbox"/>					
URGENT <input type="checkbox"/> PHONE <input type="checkbox"/> FAX <input type="checkbox"/> BY TIME: _____ PHONE/FAX No.: _____ PRIVATE <input type="checkbox"/> SCHEDULE FEE <input type="checkbox"/> BULK BILL <input type="checkbox"/> 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 _____ FULL NAME: _____ DATE: / / TIME: : : X _____ DOCTOR DATE: / /		
COPY REPORTS TO:			REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME & INITIALS, ADDRESS)		
HOSPITAL/WARD:					

<p>MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973) 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.</p> <p>Practitioner's Use Only Reason patient cannot sign:</p>	<p>PENSIONER/HCC HOLDER - PATIENT'S SIGNATURE AND DATE</p> <p>X _____ PATIENT DATE: / / See over for Billing Policy and Privacy Note</p>	<p>FOR HOSPITAL PATIENTS Patient status at the time of the service or when the specimen was collected:</p> <table style="width:100%;"> <tr> <td>1. Private patient in a private hospital or approved day hospital facility</td> <td style="text-align: center;">yes</td> <td style="text-align: center;">no</td> </tr> <tr> <td>2. Private patient in a recognised hospital</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. A public patient in a recognised hospital</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4. Outpatient of a recognised hospital</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	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"/>
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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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<p>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.</p> <p>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.</p>					