

MEDICARE NUMBER

SURNAME, GIVEN NAMES		GENDER	DATE OF BIRTH	YOUR REFERENCE
ADDRESS			CONTACT NUMBER	
TESTS REQUESTED			FASTING YES <input type="checkbox"/> NO <input type="checkbox"/> PREGNANT YES <input type="checkbox"/> (.....WKS) NO <input type="checkbox"/> LAST DRUG DOSE-..... DATE/TIME-..... <i>Do not send reports to My Health Record</i> <input type="checkbox"/>	
CLINICAL NOTES: (Self Determined) <input type="checkbox"/>			COLLECTION CENTRE	

URGENT PHONE.....
 FAX.....
 By Time:

DOCTOR'S SIGNATURE AND DATE

Doctor to sign

COPY REPORTS TO: (Name, Provider Number, Address)

REQUESTING DOCTOR DETAILS

COPY REPORTS TO: (Name, Provider Number, Address)

Name:
 Provider No:
 Address:

SPECIMEN TYPE: BLOOD **URINE** **OTHER**.....
 I certify that I collected the accompanying specimen from the above patient whose identity was confirmed by inquiry and/or examination of their ID wristband, and that I labelled the specimen immediately following collection before leaving the patient.

SIGNED Print SURNAME

Time Date...../...../..... (Specimen Date and Time)

MEDICARE ASSIGNMENT FORM (Section 20A of the Health Insurance Act 1973)

I 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) as necessary by the practitioner.

PRACTITIONER'S USE ONLY..... **X**.....
 (Reason Patient Cannot Sign) Patient Signature Date

PATIENT STATUS AT TIME OF COLLECTION OR DATE OF SERVICE

Private patient in a private hospital or approved day hospital facility	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Private patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
Public patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient of a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>

--	--	--

MEDICARE NUMBER

SURNAME, GIVEN NAMES		GENDER	DATE OF BIRTH	YOUR REFERENCE
ADDRESS			CONTACT NUMBER	
TESTS REQUESTED		REQUESTING DOCTOR (NAME, PROVIDER NO., ADDRESS)		

COLLECTION FACILITIES

Your doctor has recommended that you use Austin Pathology. 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.

AUSTIN PATHOLOGY Level 6, Harold Stokes Building 145 Studley Road Heidelberg, VIC 3084 Ph: 03 9496 3100 Website: www.austinpathology.org.au

Metropolitan Site	Address	Phone	Fax	Hours	Regional Site	Address	Phone	Fax	Hours
AUSTIN HOSPITAL Outpatient Department	Level 3, Harold Stokes Building, Burgundy Street	P - 03 9496 5472	F - 03 9496 3935	Mon - Fri: 7.00am - 5.00pm Sat: 8.30am - 12.30pm	CASTLEMAINE*	142 Cornish Street	P - 03 5471 3418	M - 0435 508 804	Mon - Fri: 9.30am - 4.00pm Sat: 9.30am - 1.00pm
BUNDOORA (Dr Weerasiri)*	11 Oxley Avenue	P - 0435 160 751	F - 03 9109 8909	Mon - Fri: 7.30am - 4.00pm	KYABRAM	86-96 Fenaughy Street	P - 0434 854 544	F - 03 5838 7148	Mon - Fri: 7.30am - 5.00pm Sat: 8.00am - 12.00pm
BUNDOORA KIDSPATH*	Suite 4 / 7 Ormond Boulevard	P - 0434 940 781	F - 03 9468 9574	Mon - Fri: 9.00am - 5.30pm	KYNETON	Kyneton District Hospital, 7-25 Caroline Chisholm Drive	P - 03 5421 2894	F - 03 5422 6570	Mon - Fri: 8.00am - 12.30pm
EAST RESERVOIR Your Community Health	125 Blake Street	P - 03 8470 1856	F - 03 8470 1107	Mon - Fri: 8.30am - 1.00pm	NEW GISBORNE	182 Station Road	P - 03 9496 5763	F - 03 8373 5421	Mon - Fri: 8.30am - 12.30pm
EPPING*	130 Cooper Street	P - 03 9408 9486	F - 03 9408 4839	Mon - Fri: 8.30am - 5.00pm	SEYMOUR HEALTH	1 Bretonneux Street	P - 0434 927 447		Mon - Fri: 7.30am - 5.00pm Sat: 8.00am - 12.00pm
GREENSBOROUGH*	Gastrocare, Eldale Specialist Centre, 13 Eldale Avenue	P - 03 8468 1616	F - 03 8468 1667	Mon - Fri: 8.00am - 4.30pm	THE KILMORE AND DISTRICT HOSPITAL*	1 Anderson Road	P - 03 5734 2015	M - 0435 232 956	Mon - Fri: 7.30am - 4.00pm
HEIDELBERG REPATRIATION HOSPITAL Outpatient Department	Ground Floor, Tobruk Building, Edwin Street	P - 03 9496 2818	F - 03 9496 4120	Mon - Fri: 7.45am - 5.00pm	WALLAN*	Wallan GP Super Clinic-Ground Floor, 7-11 High Street	P - 03 5783 0078		Mon - Fri: 8.30am - 5.00pm Sat: 8.30am - 12.30pm Sun: 8.30am - 12.30pm
LOWER PLENTY*	17 Main Road	P - 03 9496 5750	F - 03 9012 4480	Mon - Fri: 8.00am - 4.30pm	ECHUCA REGIONAL HEALTH	231 Leichardt Street	P - 03 5485 5167	F - 03 5485 5180	Mon - Fri: 8.00am - 4.30pm Sat: 9.00am - 11.00am
MERCY HOSPITAL FOR WOMEN Outpatient Department	Level 3, Studley Road	P - 03 8458 4276	F - 03 8458 4193	Mon - Fri: 7.00am - 6.00pm	SWAN HILL COLLECTION ROOMS	45 McCrae Street	P - 0437 058 334	F - 03 5033 1085	Mon - Fri: 7.00am - 4.30pm Sat: 8.00am - 12.00pm
PRESTON Your Community Health - PANCH	300 Bell Street	P - 03 8458 6776		Mon: 9.00am - 4.30pm	KERANG DISTRICT HEALTH	13-15 Burgoyne Street	P - 03 5450 9298	F - 03 5450 9297	Mon - Fri: 8.00am - 4.30pm

* CLOSED FOR LUNCH. Please ring to check times.

ALL COLLECTION CENTRES ARE CLOSED ON PUBLIC HOLIDAYS

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 the 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 and Ageing or to a person in the medical practice associated with this claim, or as authorised/required by law.

Austin Pathology are always seeking to improve our service to patients. Please check our website for new collection centres and times.
www.austinpathology.org.au

Times & Locations are correct at times of printing: May 2021