

PATHOLOGY REQUEST The Royal College of Pathologists of Australiais Accredited for compliance with NPAAC standards and ISO 15189 Accreditation Number 2741

REFERRING DOCTOR



Austin Health APA 145 Studley Rd Heidelberg VIC 3084 www.austinpathology.org.au 9496 3100

PATIENT SURNAME	(NAME, PROVIDER NUMBER, ADDRESS)	
GIVEN NAME(S) MRN	DOCTOR CODE	
PATIENT ADDRESS		
POSTCODE	COPY TO: (NAME, PROV NO., ADDRESS) COPY TO: (NAME, PROV NO., ADDRESS)	 S)
DATE OF BIRTH / / SEX TELEPHONE		
HC FACILITY WARD COLL. CEN	NTRE	
	TESTS REQUESTED URGENT PHONE FAX	
Public _	MBS MBS	
CLINICAL NOTES FASTING Yes PREGNANT Yes MEDICATION / TLD	Weeks	
	DOCTOR'S SIGNATURE AND REQUEST DATE	
Do Not Send Report to		
Hospital status of patient at specimen collection or date of service Private patient in a private hospital or approved day hospital facility Private patient in a recognised hospital Public patient in a recognised hospital Public patient in a recognised hospital SIGNED: Certify that I collected the accompanying specimen whose identity was confirmed by eng of their ID wristband, and that I labelled the self-order following collection before leaving the patien Private patient or a recognised hospital SIGNED: Certify that I collected the accompanying specimen whose identity was confirmed by eng of their ID wristband, and that I labelled the second patient whose identity was confirmed by eng of their ID wristband, and that I labelled the accompanying specimen whose identity was confirmed by eng of their ID wristband, and that I labelled the second patient whose identity was confirmed by eng of their ID wristband, and that I labelled the second patient whose identity was confirmed by eng of their ID wristband, and that I labelled the second patient whose identity was confirmed by eng of their ID wristband, and that I labelled the second patient whose identity was confirmed by eng of their ID wristband, and that I labelled the second patient whose identity was confirmed by eng of their ID wristband, and that I labelled the second patient whose identity was confirmed by english their ID wristband, and that I labelled the second patient whose identity was confirmed by english their ID wristband, and that I labelled the second patient whose identity was confirmed by english their ID wristband, and that I labelled the second patient was a labelled the second patient whose identity was confirmed by english their ID wristband, and their I labelled the second patient was a labelled the second patient whose identity was confirmed by english their ID wristband, and their I labelled the second patient was a labelled the s	nquiry and/or examination e specimen immediately ent. By this declaration I assign my right to benefits to the Approved Pathology Practitioner who will render the requested pathology service(s).	ALS
Public patient in a recognised hospital SIGNED: NAME (Pr	(Print): C V A I S	D
TUBES URINE GEL PLAIN EDTA EDTA FLOX CITRATE HEPARIN TRACE BACTO CYTO 24HR PCR ORI	SWABS SLIDES CONTAINERS OTHER PRANGE WHITE GREEN RED PINK BACTO CYTO FAECES SEMEN HISTO DESCRIBE TIM	E

MEDICARE CARD NO.



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





For all collection centre opening hours & contact details please visit

www.austinpathology.org.au

Fasting Blood Test Instructions

Your Doctor may have asked you to have a blood test while fasting. If so:

- Please do not eat or chew gum for 8 to 10 hours before the blood test, however you may drink water.
- Medications should be taken as advised by your Doctor.
- Please do not exercise while fasting.
- Please have some food ready to eat after your test.
- Note: Your results may be impacted if you do not fast.

We bulk bill for all Medicare rebatable testing

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