

# AUSTIN PATHOLOGY MEMORANDUM

05 March 2024

Dear Colleagues,

**Re: New A5 pathology request form format**

Austin Health Pathology is pleased to announce we have begun transitioning to a new A5 request form format, which has been designed to satisfy requested amendments from referring clinicians, as well as accommodate changes to billing compliance requirements. The new format will be utilised to fulfil your request form orders as stock becomes available.

The new format offers clinicians a larger area for documenting clinical notes and requesting pathology tests, and includes additions such as a specimen collection ledger. All existing components remain, however they may be in different locations. You can review the new format and the location of form data elements on the last page of this memorandum.

One of the more significant changes introduced in the new format is the addition of the 'Public' and 'MBS' tick box sections. These boxes have been introduced to ensure pathology billing compliance with the following guidelines:

- National Health Reform Agreement (NHRA)
- MBS billing policy in Victorian public hospitals – Interpretive guidelines for best practice

Further information regarding these guidelines and any associated billing compliance can be found in the links below.

[https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2021-07/NHRA\\_2020-25\\_Addendum\\_consolidated.pdf](https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2021-07/NHRA_2020-25_Addendum_consolidated.pdf)

<https://www.health.vic.gov.au/funding-performance-accountability/mbs-billing-policy-framework-victorian-public-hospitals>

Please ensure any relevant billing information is clearly indicated on the pathology request form by utilising the tick boxes, and by including the patient's Medicare number and/or health fund membership details if relevant.

Episodes will be processed and invoiced based on the information provided on the pathology request form. In the absence of necessary billing information invoices may be returned to the requesting facility for clarification.



Austin Health Pathology are looking forward to completing this transition over the coming months, and we encourage you to reach out to the Pathology Client Services Team ([pathclientservices@austin.org.au](mailto:pathclientservices@austin.org.au)) should you require further information.

Kind Regards,

**Donna McNally**  
**General Manager (Operations)**  
**Austin Pathology**



Accredited for compliance with ISO 15189  
 Accreditation number 2741



MEDICARE CARD NO.

**PATHOLOGY REQUEST**



Austin Health APA  
 145 Studley Rd  
 Heidelberg VIC 3084  
[www.austinpathology.org.au](http://www.austinpathology.org.au)  
 9496 3100

1

PATIENT SURNAME \_\_\_\_\_  
 GIVEN NAME(S) \_\_\_\_\_ MRN \_\_\_\_\_  
 PATIENT ADDRESS \_\_\_\_\_  
 POSTCODE \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SEX \_\_\_\_\_ TELEPHONE \_\_\_\_\_

REFERRING DOCTOR  
 (NAME, PROVIDER NUMBER, ADDRESS)

6

DOCTOR CODE

COPY TO: (NAME, PROV NO., ADDRESS)

COPY TO: (NAME, PROV NO., ADDRESS)

HC FACILITY \_\_\_\_\_ WARD \_\_\_\_\_ COLL. CENTRE \_\_\_\_\_

2 Public  MBS

CLINICAL NOTES

3

FASTING Yes  No   
 PREGNANT Yes  Weeks \_\_\_\_\_  
 MEDICATION / TLD \_\_\_\_\_

TESTS REQUESTED URGENT  PHONE \_\_\_\_\_ FAX \_\_\_\_\_

7

DOCTOR'S SIGNATURE AND REQUEST DATE

X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Do Not Send Report to My Health Record

8

PATIENT'S SIGNATURE AND DATE

By this declaration I assign my right to benefits to the Approved Pathology Practitioner who will render the requested pathology service(s).

X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

5 Hospital status of patient at specimen collection or date of service  
 Private patient in a private hospital or approved day hospital facility Yes  No   
 Private patient in a recognised hospital Yes  No   
 Public patient in a recognised hospital Yes  No   
 Patient of a recognised hospital Yes  No

4 I declare that I collected the accompanying specimen from the above patient whose identity was confirmed by enquiry and/or examination of their ID wristband, and that I labelled the specimen immediately following collection before leaving the patient.  
 SIGNED: \_\_\_\_\_ NAME (Print): \_\_\_\_\_

LOCATION INITIALS

C V A I S D

DATE TIME

TUBES				URINE				SWABS				SLIDES		CONTAINERS			OTHER					
GEL	PLAIN	EDTA	EDTA	FLOX	CITRATE	HEPARIN	TRACE	BACTO	CYTO	24HR	PCR	ORANGE	WHITE	GREEN	RED	PINK	BACTO	CYTO	FAECES	SEMEN	HISTO	DESCRIBE
			9 mL																			

1. Patient details / space for bradma label
2. New billing tick boxes - 'Public' and 'MBS'
3. Patient fasting / pregnancy / medication withholding status
4. Collector declaration (must be signed by the person collecting the specimens)
5. Specimen collection ledger - provides space for the collector to record the type and volume of specimens collected for the episode
6. Requesting Doctor and Copy Doctor details (Name, Provider Number, Address)
7. Requesting Doctor signature box (must be signed in order to validate request)
8. Patient Medicare assignment box (must be signed for any episode which is to be direct billed to Medicare on behalf of the patient)