PATIENT REQUEST FOR COPY OF PATHOLOGY RESULTS

Austin Pathology

RCPA The Royal College of Pathologists of Australasia
NATA & RCPA ACCREDITED
LABORATORY Number 2741

PATIENT INFORMATION (*Print clearly*)

Surname:	First Name:	DOB:
Address:		Sex: M / F
Medicare Number:		
Home Phone:	Mobile:	Work Phone:

REFERRING DOCTOR DETAILS *(Print clearly)*

Doctor's Name:

Surgery Address:

TEST DETAILS *(Print clearly)*

Test name (if known):

Date specimen collected:

RESULT DELIVERY *(Print clearly)*

Please choose one of the following options:

☐ Please post my results
(To the address as listed in the Laboratory Information System)

☐ I will pick up a printed copy of my results from: Austin Pathology
(Photo ID must be provided) Level 6 Harold Stokes Building
Studley Road
Heidelberg 3084

If not collected after 2 months reports will be discarded.

DECLARATION

I understand that if I have any questions concerning my test results I will contact my requesting practitioner for consultation.

In some circumstances, some information may be restricted according to the exemptions outlined in the FOI Act.
If Austin Pathology makes a decision to restrict access to some parts of the report, applicants will be advised of this in writing and may appeal the decision.
Austin Pathology has 45 days from receiving the full paperwork to make a decision in writing about a request.

Patient Signature…… Date……

IDENTIFICATION CONFIRMATION OF PATIENT

Pathology Collection Staff to complete:

Identification of the patient confirmed: Yes No (cannot proceed) Collector's Signature……