

MEDICARE CARD NUMBER

**PATHOLOGY REQUEST**



PATIENT SURNAME

GIVEN NAME(S)

SEX

DATE OF BIRTH

YOUR REFERENCE

PATIENT ADDRESS

POSTCODE

TELEPHONE

TEL (ALTERNATE)

TESTS REQUESTED

CLINICAL NOTES

Fasting

Non Fasting

Pregnant

Hormone Therapy

LMP

EDC

Cervical Cytology

SITE: Cervix

Vaginal Vault

Endometrium

Other

Post Natal

Post Menopausal

Radio Therapy

IUCD

Abnormal Bleeding

APPEARANCE OF CERVIX: Benign

Suspicious

Do Not Send Report to My Health Record

URGENT  PHONE  FAX  BY TIME:

PHONE/FAX No.:

PRIVATE  SCHEDULE  MEDICARE

VETAFFAIRS/WORK COMP No.:

DOCTOR'S SIGNATURE AND REQUEST DATE

X

COPY REPORTS TO:

REFERRING DOCTOR (NAME, PROVIDER NUMBER, ADDRESS)

COLLECTION

LOCATION		INITIALS	
C	V	A	I
S	D		
DATE		TIME	

Practitioner's Use Only (Reason for Patient unable to sign)

Hospital status of patient at specimen 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"/>

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

I certify 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):

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																				

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FOR COLLECTION  
CENTRE LOCATIONS  
PLEASE VISIT:  
[austinpathology.org.au](http://austinpathology.org.au)

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PATIENT COPY

## 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](http://www.austinpathology.org.au)



SCAN ME

For all collection centre opening hours & contact details please visit

[www.austinpathology.org.au](http://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](http://www.austinpathology.org.au)