



Tips For Accurate Completion Of Request Forms

Accurate, legible patient demographics will ensure that the report you receive matches your practice records.

If there is more than one doctor listed on the request pad, clearly identify who is requesting the tests.

Indicate if the test is required to be Fasting or Non-fasting.

If you are adding a copy to doctor on the form, please provide as much information as possible e.g. full name and address of practice.

Detailed legible clinical notes will allow the laboratory to comment meaningfully on the test results.

If a test is urgent, please ensure you provide after hours contact details.

Please ensure you fill in a date of request, this is a Medicare requirement and is also useful when diagnosing.

CLINIPATH PATHOLOGY
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 www.clinipathpathology.com.au
 REQUESTING DOCTOR (SURNAME, INITIALS, ADDRESS, PROVIDER No.)

PATIENT SURNAME GIVEN NAMES
 D.O.B. SEX PHONE NUMBER SURGERY FILE#
 LABORATORY BARCODE ONLY

ADDRESS

CLINICAL NOTES

Hospital status of patient at collection or date of service
 * Private patient in private hospital or associated day hospital facility
 * Private patient in recognised hospital
 * Public patient in recognised hospital
 * Outpatient of recognised hospital

FASTING DIABETIC LIPID LOWERING DRUG PREGNANT
 TRANSFUSION DATE REQUIRED: TIME:
 REASON FOR TRANSFUSION:

CERVICAL CYTOLOGY **THERAPEUTIC DRUG MONITORING**

DATE PREVIOUS SMEAR: / / THIN PREP
 LMP: / / VAULT
 SITE: CERVIX POST PARTUM POST MENOPAUSE
 ABN BLEED HORMONE RX
 IUCCD CX SUSPICIOUS

TESTS REQUESTED

URGENT PHONE FAX
 RESULTS BY: / / TIME:
DOCTOR'S SIGNATURE AND DATE

IN THE LAST 3 MONTHS HAS THE PATIENT BEEN:
 PREGNANT YES NO
 TRANSFUSED YES NO

COLLECTOR TO COMPLETE
 I certify that the blood specimen(s) accompanying this request was drawn from the patient named above and I established the identity of this patient by direct enquiry and/or by inspection of wrist band, and immediately upon the blood being drawn I labelled and signed the sample tube(s).

NAME: _____
 SIGN: _____
 TIME: _____
 DATE: _____

COPY TO:

SD (Self determine) Practitioner Use Only (Reason for Patient being unable to sign)

ACCOUNT INFORMATION MEDICARE PRIVATE REBATE DVA Assignment Copy
 MEDICARE / DVA NUMBER
 (Descr B#, and DVA P# To provide card details and sign Medicare Assignment)
 COMPANY OR OTHER ACCOUNT DETAILS

PATIENT'S SIGNATURE AND DATE

SAMPLE DETAILS

SST	HESIO
EDIA	PAP
SUSC	TP
CT	URINE
SNS	SWAB
PNS	FAEC
ACD	SPUT
PPT	OTHER

EOE – Electronic Order Entry

If you are a regular referrer and your practice uses Medical Director we can enable existing features in MD which will lodge the pathology request electronically when you print the patient request form. As well as providing greater accuracy in patient demographics, an extended list of Clinipath Pathology tests and the ability to create test panels becomes available. We can also produce a report for you of patients who have not presented for testing.