

PATIENT SURNAME	GIVEN NAMES	SEX	DATE OF BIRTH	
ADDRESS			TEL (HOME)	TEL (BUSINESS)

TESTS REQUESTED

- FASTING
- RANDOM
- Pregnant
- Hormone Therapy
- LNMP
- EDC

LABORATORY COPY

FOR PAP SMEAR

- Site: Cervix
- Vaginal vault
- Endometrium
- Other
- Post Natal
- Post Menopausal
- Radio Therapy
- IUCD
- Abnormal Bleeding
- Cervix Benign
- Cervix Suspicious

CLINICAL NOTES

SD (Self Determine)

PATIENT ADVISORY STATEMENT Practitioner to tick if Clinipath Pathology required
Your doctor has recommended that you use Clinipath 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.

URGENT! Phone Fax By time: _____

Phone/Fax no _____

Private Schedule Bulk Bill PEN HCC

Vet Affairs no _____

DOCTORS SIGNATURE

REQUEST DATE

COPY TO

REQUESTING DOCTOR
Surname and Initials, Address and Provider Number

COLLECTION CENTRE USE

Hospital status State the patient's status at the time of service or when the specimen was collected: a private patient in a private hospital a private patient in a recognised hospital.

TRANSFUSION Hospital: _____ Date required: _____ Time: _____

Reason for transfusion: _____

In the last three months has the patient been: Pregnant? YES NO
Transfused: YES NO

COLLECTOR TO COMPLETE:

I certify that the blood specimen accompanying this request was drawn from the patient stated as established by direct enquiry of the patient and/or inspection of the ID wrist-band, and that specimen was labelled immediately. I have also signed the sample tube(s).

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

- SST EDTA GLU CIT
- SNG PNG ACD PPT
- HISTO PAP TP URIN
- SWAB FAEC SPUT OTHER



Accredited for compliance with NPAAC Standards and ISO 15189
Clinipath Pathology Pty Ltd trading as Clinipath Pathology and Bunbury Pathology, ABN 57 008 811 185, a subsidiary of Sonic Healthcare Limited (APA) ABN 24 004 196 909, 14 Giffnock Ave, Macquarie Park NSW 2113

MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973)

I assign my right to benefits to the approved pathology practitioner who will tender the requested pathology service(s).

Practitioner Use Only: _____
(Reason Patient cannot sign)

PATIENT'S SIGNATURE AND DATE

_____ / ____ / ____

PATIENT SURNAME	GIVEN NAMES	SEX	DATE OF BIRTH	SURGERY FILE #
ADDRESS			TEL (HOME)	TEL (BUSINESS)

TESTS REQUESTED

REQUESTING DOCTOR (Surname and Initials, Address and Provider No.)

PATIENT COPY

Hospital status at the time of service or when the specimen was obtained:

• 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"/>

MEDICARE ASSIGNMENT (Section 20A of the health Insurance Act 1973)

By this declaration I assign my right to benefits to the approved pathology practitioner who will render the requests pathology service(s). I declare that none of the services claimed in this form relate to an accident, injury or illness which has, or may result in the payment of compensation or damages

PATIENT'S SIGNATURE AND DATE

_____ / ____ / ____