

# Cervical Screening Test (CST) | Request Form

## Patient details

First name \_\_\_\_\_ Middle name \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender **Female**  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone (mobile) \_\_\_\_\_  
Medicare No.

### TO BE COMPLETED BY THE PATIENT OFFERING TO ASSIGN BENEFITS FOR THE REQUESTED SERVICES

I offer to assign my rights to benefits to the Approved Pathology Practitioner who will render the requested pathology services.

Signature  PATIENT SIGNATURE Date \_\_\_\_\_

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

### PATIENT STATUS AT TIME OF SERVICE OR SPECIMEN COLLECTION

(Required by law for all patients) Was the patient a:

Private patient in a private hospital or approved day hospital?  Yes  No  
Hospital patient in a recognised hospital?  Yes  No  
Private patient in a recognised hospital?  Yes  No  
Out-patient of a recognised hospital?  Yes  No

## Test/s requested

- Cervical Screening Test (CST) - Routine
- Co-test (HPV+LBC)
- HPV test
- Self-collected HPV
- ThinPrep® LBC only
- Cervical biopsy

**ADDITIONAL TESTS** (Not funded by Medicare)  
 ThinPrep® (Privately billed)  
 HPV (Privately billed)  
 Co-test (HPV+LBC) (Privately billed)


**SITE**  Cervix  Vagina

**CLINICAL**  
 Pregnant  Postnatal  
 Post-menopausal  Hysterectomy  
 HRT  IUD

**LMP** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PREVIOUS CERVICAL SCREENING TEST**  
Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Result \_\_\_\_\_

## Requesting doctor

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Provider No. \_\_\_\_\_  
Signature  DOCTOR SIGNATURE Date \_\_\_\_\_

## Copy reports to

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

## Reason for test

**SYMPTOMS**  
 Post-menopausal bleeding  
 Post-coital bleeding  
 Unexplained bleeding

**SPECIAL CIRCUMSTANCE**  
 <25yr old meeting specific criteria  
 Immunocompromised  
 DES exposed

## Clinical notes Important for assigning the correct test

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
 SD

### National Cancer Screening Register (NCSR)

The National Cancer Screening Register (NCSR) is an 'opt out' register. Patients who wish to alter their consent status must contact the register directly on 1800 627 701.

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.