Clinipath Pathology

Patient Request for Results Form

* Requests for results will be processed within 7 days after receipt of this form.
* Results will only be released once all testing is complete, which may take longer than 7 days.
* If you are returning this form by fax/email please include copy of suitable ID.

Fax to: 9371 4350 email: info@clinipath.net Ph: 9371 4200

Clinipath Pathology believes the best way for patients to access results is via their referring doctor.
We are not able to discuss or provide interpretation of your results. Please contact your doctor to discuss these.

SECTION A—Patient Details

Surname:_____ First Name:_____

Address:_____

Date of Birth: _____/_____/_____ Medicare No:_____ Mobile:_____

Email address:

SECTION B—Report Details

Do you require:

☐ Personal Copies of Reports

☐ Copies sent to another Medical Practitioner

Date of episode(s) if known: _____/_____/_____

Copy To Practitioner Name: _____

Doctor who requested the tests:_____

Address: _____

_____ _____

Section C—Delivery of Reports

Please indicate your preferred method of delivery:

☐ Faxed to the Collection Centre

☐ Hard Copy sent to the Collection Centre

☐ Hard Copy posted to address provided

☐ Reports sent to Medical practitioner in Section B

☐ Emailed to me

☐ Result uploaded to my Health Record (MyHR)

Section D—Patient Declaration

I, the patient identified in section A, request a copy of the pathology test reports as indicated in Section B.

- I understand Clinipath Pathology does NOT provide interpretation of the results, and it is recommended I discuss results with my Medical Practitioner.
- I acknowledge that Clinipath Pathology will only release results to me on proof of ID.

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Section E— (Clinipath use only) ID Supplied

☐ Passport No: _____

☐ Driver's License No: _____

☐ Other:_____

Staff member acknowledging ID: _____

Collection Centre Stamp:

Date Results released to Patient: _____/_____/_____