

Clinipath Pathology believes that it is always in the best interests of patient care for the patient to obtain results directly from their referring doctor. Clinipath Pathology will, when requested, provide patients with a copy of their results 7 days after testing is complete. Clinipath reserves the right to charge an administration fee for requests that involve a high number of episodes and/or cover an extensive period of time.

- * We are not able to discuss or provide interpretation of your results. Please contact your doctor to discuss.
- * If you are returning this form by fax/email please include copy of suitable ID.

Fax to: 9371 4350 Email: clilabresults@sonichealthcare.com.au Ph: 9371 4200

Please Note: Some pathology test results are routinely uploaded to My Health Record for patients who have not opted out of My Health Record. These results are typically available 7 days after testing. Information about My Health Record can be found at myhealthrecord.gov.au

SECTION A—Patient Details

Surname: _____ First Name: _____

Address: _____

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

Email address: _____

SECTION B—Report Details

Date of Test: _____ Requesting Dr: _____

Do you require: Personal Copies of Reports Copies sent to another Doctor

Copy To: Doctor Name and Address: _____

Section C—Delivery of Reports Please indicate your preferred method of delivery:

- | | |
|--|--|
| <input type="checkbox"/> Faxed to the Collection Centre | <input type="checkbox"/> Reports sent to Medical practitioner in Section B |
| <input type="checkbox"/> Hard Copy sent to the Collection Centre | <input type="checkbox"/> Emailed to me |
| <input type="checkbox"/> Hard Copy posted to address provided | <input type="checkbox"/> 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: _____