SOUTHERN.IML PATHOLOGY
1300 66 2200
1800 044 946
37 Denison St, Wollongong 2500
Tel (02) 4224 7474 Fax (02) 4224 7444
57 Junction St, Nowra 2541
Tel (02) 4423 3111 Fax (02) 4422 9103

MEDICARE CARD NUMBER | | | | | | | | | | | | -| |

PATHOLOGY REQUEST

PATIENT LAST NAME | FIRST NAME | SEX | DATE OF BIRTH | YOUR REFERENCE

PATIENT ADDRESS | POSTCODE | TEL(HOME/BUS/MOBILE)

EMAIL ADDRESS

TESTS REQUIRED

FIRST COLLECTION CARE EXPLAINED

BMI: Ht.....cm, Wt.....kg

OFFICE USE ONLY	UCG and PEI:	Collection Date / Time / Collector Code	LAST ATE	DRUG DOSAGE	TIME OF LAST DOSAGE	PRE-OP HOSP	THYROID MEDICATION	DIABETIC
			His PP			DATE	Y / N	Y / N

Fasting
Non Fasting
Pregnant
Hormone Therapy
LNMP
EDC
Cervical Cytology
Site Cervix
Vaginal Vault
Endometrium
Other
Post Natal
Post Menopausal
Radiotherapy
IUCD
Abnormal Bleeding
Abnormal Benign of Cervix
Suspicious

CLINICAL NOTES

☐ Self Determined

PENSION NUMBER | | | |-| | | |-| | | | |

FOR URGENT RESULTS COMPLETE

PH No. _____ FAX No. _____ TIME REQ. _____ DATE REQ. _____

PRIVATE SCHEDULE MEDICARE INSURANCE REPAT

VETAFFAIRS/WORKCOMP No.: _____ WORKCOVER

DOCTOR'S SIGNATURE AND REQUEST DATE

COPY REPORTS TO:

HOSPITAL/WARD

REQUESTING DOCTOR (Provider Number, Surname and Initials, Address)

Dr Copy

Copy to Code:

SPECIMENS: EDTA, SST, Fluoride, Plain, Oil, LiHep, MAU, Sputum, 24Hr, Swab, Sput, Chl, Cytos, Histology, Thin Prep, D. Test, ECG, Vial, MALB, Sp

PATIENT'S SIGNATURE AND DATE

PATIENT STATUS AT TIME OF SERVICE & SPECIMEN COLLECTION

(a) YES ☐ NO ☐
(b) YES ☐ NO ☐
(c) YES ☐ NO ☐
(d) YES ☐ NO ☐

MEDICARE ASSIGNMENT (Medicare Act 1 ...)
I offer to assign my right to the benefits to the approved pathology practitioner who will render the approved pathology services and any other pathology services for which I am eligible to be reimbursed by the practitioner.
I understand that I may be liable for an account if Medicare is not claimed.

Patient signature _____ Date ___/___/___

Practitioner's Use Only (if patient cannot sign)

DATE COLLECTED	TIME	AM PM	SEX M/F	PULL	DATE COLLECTED	TIME	AM PM	SEX M/F	PULL	DATE COLLECTED	TIME	AM PM	SEX M/F	PULL
NAME					NAME					NAME				
D.O.B:					D.O.B:					D.O.B:				

BEND TO REMOVE LABEL

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Winner: 1999 Australian Quality Award for Business Excellence