



Abbott Pathology | Fast results. Fresh thinking.

Specialist Diagnostic Services Pty Ltd ABN: 84 007 190 043
APA No: 042 Trading as Abbott Pathology
46 Sir Donald Bradman Drive, Mile End, SA 5031

Pathology Request

Enquiries: 1300 735 966

AI/258

Medicare No.

Patient Last Name Given Names Sex Date of Birth Your Ref
Patient Address Postcode Telephone (home) Telephone (business)

Tests Requested

- Fasting Non Fasting Pregnant Horm Therapy LMP ___/___/___ EDC ___/___/___ Cervical Screening Cervix Vagina Self Collect Post Natal IUUCD PCB/PMB Abnormal Bleeding Cx Suspicious Previous AIS Radiotherapy Immune deficient

Clinical Notes

Collector Declaration: I certify that I collected the accompanying sample from the above patient whose identity was confirmed by enquiry and that I labelled the sample immediately following collection. Collector's Signature _____ Date ___/___/___

Rule 3 Exemption SD

GEL	EDTA	CIT	FLOX	HEP	PLAIN	ESR	TRACE	HISTO	PAP
24HU	MSU	SWAB DRY	SWAB TRANS	VTM	SPUT	FUNG	FAECES	SEMEN	SUREP

URGENT Phone Fax By Time
Phone/Fax No
PRIVATE
Vet Affairs

Doctor's Signature and Date

X / /

Copy Reports To Requesting Practitioner (Provider Number, Surname, Initials and Address)
Hospital Ward

MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973)
I offer to assign my right to benefits to the approved pathology practitioner ("APP") who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner. In the alternative I authorise that APP to submit my unpaid account to Medicare so that Medicare can assess my claim and issue me cheque payable to the APP for the Medicare Benefit.

Patient Signature and Date

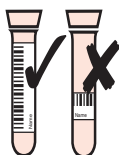
PRACTITIONER'S USE ONLY

X / /

(Reason patient cannot sign)

See reverse side for Blood Transfusion requests.

Complete patient information before applying label to specimen container. If there are more than 3 specimens please write patient information on additional specimens.



Labels for specimen containers with fields for Full Name and D.O.B. and a 'BEND FORM TO REMOVE LABELS' instruction.



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Tests Requested

CLEAR FORM SAVE

Patient Copy

Requesting Practitioner (Provider Number, Surname, Initials and Address)

Enquiries: 1300 735 966

Patient Signature and Date

Your doctor has recommended that you use Abbott Pathology Pty Ltd. 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.

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PRACTITIONER'S USE ONLY (Reason patient cannot sign)

X / /