

PATIENT LAST NAME / ADDRESS	GIVEN NAMES	SEX	DATE OF BIRTH	YOUR REF:
		TEL (HOME)		TEL (BUS)

TESTS REQUESTED	Fasting <input type="checkbox"/> Non Fasting <input type="checkbox"/> Pregnant <input type="checkbox"/> Horm Therapy <input type="checkbox"/> LNMP <input type="checkbox"/> EDC <input type="checkbox"/> CERVICAL CYTOLOGY SITE Cervix <input type="checkbox"/> Vaginal Vault <input type="checkbox"/> Endometrium <input type="checkbox"/> Other <input type="checkbox"/> Post Natal <input type="checkbox"/> Post Menopausal <input type="checkbox"/> Radio Therapy <input type="checkbox"/> IUUC <input type="checkbox"/> Abnormal Bleeding <input type="checkbox"/> APPEARANCE Benign <input type="checkbox"/> OF CERVIX Suspicious <input type="checkbox"/>
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CLINICAL NOTES SELF DETERMINED <input type="checkbox"/>	CERVICAL SCREENING TEST: <input type="checkbox"/> Practitioner Collect <input type="checkbox"/> Self-Collect LBC AND HPV TESTS NOT MEETING CRITERIA ARE NOT COVERED BY MEDICARE.
DO NOT SEND REPORTS TO MY HEALTH RECORD <input type="checkbox"/>	
Collection Time <input type="text"/> : <input type="text"/> Hours p.c. <input type="text"/> : <input type="text"/> Hours post dose <input type="text"/> : <input type="text"/>	Fasting <input type="checkbox"/> Non-fasting <input type="checkbox"/> Diabetic <input type="checkbox"/> Thyroxine R <input type="checkbox"/> Antithyroid R <input type="checkbox"/>
Urgent <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> By Time: <input type="text"/> Phone/Fax No: <input type="text"/> Private <input type="checkbox"/> Schedule <input type="checkbox"/> Medicare <input type="checkbox"/> Vet Affairs: <input type="text"/>	DOCTOR'S SIGNATURE AND REQUEST DATE X DATE/...../.....

COPY REPORTS TO: HOSPITAL/WARD 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.	REQUESTING PRACTITIONER (Provider No., Surname, Init., Address)
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Patient status at the time of the service or when the specimen was collected a) Private patient in a private hospital or approved day hospital facility b) Private patient in a recognised hospital c) Public patient in a recognised hospital d) Outpatient of a recognised hospital	yes no <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I refer to assign my right to benefits to the approved pathology practitioner ("APP") who will render the requested pathology services and any eligible pathologist determinable service(s) established as necessary by the practitioner. Alternatively, I authorise APP to submit my unpaid account to Medicare so that Medicare can assess my claim and issue a cheque to me, payable to the APP for the Medicare Benefit.
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LAB USE	Collected By				Collect Date				TUBES				URINES			SWABS		
	PT	Claim Form	Pyr	AC	COLL SUBM	DV REF PAT	EDTA	CIT	SST	Plain	Fluoride	HEP	Other	Spot	24 Hr	MICRO	VIRAL	Other
							CONTAINERS				HISTO	SLIDES			OTHER	SRA USE		
							Faeces	Semen	LBC	Other		PAP	MICRO	Other	Describe	Sign	Date	Time

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TESTS REQUESTED <div style="font-size: 2em; opacity: 0.5; text-align: center;">PATIENT COPY</div>	<div style="border: 1px solid red; padding: 5px; display: inline-block;"> Learn about your tests knowpathology.com.au </div>
REQUESTING PRACTITIONER (Provider No., Surname, Initials, Address)	

CERVICAL SCREENING TEST: Practitioner Collect Self-Collect
 LBC AND HPV TESTS NOT MEETING CRITERIA ARE **NOT** COVERED BY MEDICARE.

Your treating practitioner has recommended that you use Lavery Pathology. You are free to choose your own pathology provider. However, if your treating practitioner 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 treating practitioner.

PRIVACY NOTE: The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health and Ageing or to a person in the medical practice associated with this claim, or as authorised/required by law.

CLEAR
SAVE