



Surname, Given Name (including middle initials) Sex Date of birth Your reference

Address Phone (home) Phone (business hours)

Tests Requested Containers Collected

Fasting   
Non Fasting   
Pregnant   
Horm Therapy   
LMP   
EDC   
Cervical Cytology   
Site Cervix   
Vaginal Vault   
Endometrium   
Other   
Post Natal   
Post Menopausal   
Radio Therapy   
IUCD   
Abnormal Bleeding   
Appearance of Cervix Benign   
Suspicious

Clinical Notes (including relevant medications) Self Determined

### LABORATORY COPY

Urgent  Phone  Fax  By Time: \_\_\_\_\_  
 Phone/Fax No. \_\_\_\_\_  
 Private  Concession  Bulk Bill   
 Vet Affairs/Work Comp No: \_\_\_\_\_

**PERSON COLLECTING SPECIMEN(S) TO COMPLETE:**  
 I certify that the pathology specimen accompanying the request was collected from the patient stated above as established by direct enquiry and/or inspection of wrist band.  
 Signed:  COLLECTOR  
 Specimen Date & Time: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hrs

**REQUESTING DOCTOR'S SIGNATURE AND REQUEST DATE**  
 DOCTOR \_\_\_\_/\_\_\_\_/\_\_\_\_

Copy Reports To: \_\_\_\_\_  
 Hospital/Ward \_\_\_\_\_

Referring Doctor (Name, Address, Provider No.) \_\_\_\_\_

**Hospital Status:** State the patient's status at the time of service or when the specimen was collected:  
 Private patient in a private hospital or approved day hospital facility   
 Private patient in a recognised hospital   
 Public patient in a recognised hospital   
 Outpatient of a recognised hospital

Staff ID	Loc. Code	Coll. Type	Account Name/Address
Hosp. Code	Ward	Pay Cat.	

**Medicare Assignment:** (Section 20A of the *Health Insurance Act 1973*) I assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s). **Patient Account Statement:** Your doctor has requested tests, according to clinical need. Some of these tests may not be eligible for Medicare rebate, for which you will receive an account.

PATIENT \_\_\_\_\_/\_\_\_\_/\_\_\_\_ Patient's Signature Date  
 Practitioner's Use Only  DOCTOR \_\_\_\_\_ (Reason Patient Cannot Sign)

Your doctor has recommended that you use Melbourne Pathology. 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.

Medicare card number

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Tests Requested

Referring Doctor (Provider number, Name, Address)

### PATIENT COPY

**Patient Account Statement:** Your doctor has requested tests, according to clinical need. Some of these tests may not be eligible for Medicare rebate, for which you will receive an account.