



Pathology request

At Canberra Hospital and Calvary Hospital
PO Box 11 Woden ACT 2606

MEDICARE CARD NUMBER

For Collection Centres see reverse

PATIENT LAST NAME	GIVEN NAME	SEX	DATE OF BIRTH	FILE No.
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PATIENT ADDRESS	TEL. (HOME)	TEL. (BUSINESS)
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TEST REQUESTED

LABORATORY COPY

Please tick **ThinPrep** YES
Thinprep TESTING IS NOT COVERED BY MEDICARE AND WILL BE PRIVATELY BILLED.

CERVICAL CYTOLOGY SITE

Fasting

Non Fasting

Pregnant

Horm Therapy

LNMP

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 DRUG DOSAGE

NATA | RCPA ACCREDITED
 Laboratory Number: 2508
 Calvary Laboratory Number: 15924
 SD (Self Determine)

URGENT **PHONE** **FAX** **BY TIME:**

PHONE / FAX No: _____

Fee S.F. D.B.

VET AFFAIRS No: _____

Your doctor has recommended that you use ACT 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.

DOCTOR'S SIGNATURE AND REQUEST DATE

...../...../.....

COPY REPORTS TO:

HOSPITAL / WARD

REQUESTING DOCTOR and include Provider number, name, address & initials.

Office Use Only	
COAG	
SERUM	
LI HEP	
EDTA	
FLU	
OTHER	
Signed	

COLLECTOR TO COMPLETE FOLLOWING DECLARATION & SIGN

I certify, by signing below, that the specimen(s) accompanying this request was drawn from the patient named above and I established the identity of this patient by direct inquiry and/or inspection of wrist band, and immediately upon the blood being drawn I labelled the specimen(s).

Signature	Print Name	Date	Time	Spec
...../...../.....

Are you of Aboriginal or Torres Strait Islander origin?

Aboriginal but not Torres Strait Islander origin Torres Strait Islander but not Aboriginal origin

Both Aboriginal and Torres Strait Islander origin Neither Aboriginal nor Torres Strait Islander origin

Not stated / inadequately described

Was or will the patient be, at the time of the service or when the specimen is obtained:

Please tick yes no

(a) Private patient in a private hospital or approved day hospital facility

(b) Private patient in a recognised hospital

(c) A public patient in a recognised hospital

(d) Outpatient of a recognised hospital

MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973)

I offer to 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) established as necessary by the practitioner.

Patient Signature Date/...../.....

PRACTITIONERS USE ONLY (Reason patient cannot sign)/...../.....



Pathology request

Telephone: 6244 2816 Facsimile: 6244 2815
The Canberra Hospital, Gilmore Cres,
GARRAN ACT 2605 APA

MEDICARE CARD NUMBER

PATIENT LAST NAME	GIVEN NAME	SEX	DATE OF BIRTH	FILE No.
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PATIENT ADDRESS	TEL. (HOME)	TEL. (BUSINESS)
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TEST REQUESTED

PATIENT COPY

Please tick **ThinPrep** YES
Thinprep TESTING IS NOT COVERED BY MEDICARE AND WILL BE PRIVATELY BILLED.

SD

NATA | RCPA ACCREDITED
 Laboratory Number: 2508
 Calvary Laboratory Number: 15024
 TECHNICAL COMPETENCE

REQUESTING DOCTOR and include Provider number, name, address & initials.

Was or will the patient be, at the time of the service or when the specimen is obtained:

Please tick yes no

(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

MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973)

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Patient Signature Date/...../.....



ACT Pathology Collection Centres

Centres are closed on public holidays.
Up to date information is available at: www.actpathology.act.gov.au

Appointments are required for Glucose Tolerance Tests (GTT) and ECG.
Contact your preferred collection Centre to arrange an appropriate time.
All other referrals do not require an appointment.

Belconnen Health Centre	Cnr Lathlain & Cohen Street BELCONNEN	Tel: 6205 1315 Fax: 6205 9355	Open	8.00 am - 5.00 pm Mon - Fri
The Canberra Hospital	Gilmore Crescent (next to Maternity) Building 10 Level 1 GARRAN	Tel: 6244 2816 Fax: 6244 2815	Open	7.30 am - 5.30 pm Mon - Fri 8.30 am - 12.15 Sat
Calvary Hospital	1st Floor, Calvary Hospital (Marian Bldg) BRUCE	Tel: 6201 6270 Fax: 6201 6272	Open	7.30 am - 5.30 pm Mon - Fri 9.00 am - 12.00 noon Sat
Gunghalin Health Centre	Cnr Earnest Cavanagh Street & Fussell Lane GUNGHALIN	Tel: 6174 5264 Fax: 6207 7445	Open	7.30 am - 4.30 pm Mon - Fri 8.30 am - 12.30 Sat Closed long weekends
O'Connor Collection Centre	Unit 1, 15 Sargood Street O'CONNOR	Tel: 6262 7522 Fax: 6262 9328	Open	7.30 am - 4.30 pm Mon - Fri
Tuggeranong Health Centre	Level 1 Cnr Anketell & Pitman Streets TUGGERANONG	Tel: 6205 2794 Fax: 6205 2778	Open	8.00 am - 5.00 pm Mon - Fri 8.30 am - 12 noon Sat Closed long weekends
HOME COLLECTION SERVICE FOR FRAIL AND ELDERLY ONLY			6244 2816	

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. It's 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.