

PATIENT LAST NAME	GIVEN NAMES	SEX	DATE OF BIRTH	FILE No.
PATIENT ADDRESS		POSTCODE	TEL (HOME & MOBILE)	TEL (BUS)

TESTS REQUESTED

Fasting

Non Fasting

Pregnant

Horm Therapy

LMP \_\_\_/\_\_\_/\_\_\_

EDC \_\_\_/\_\_\_/\_\_\_

Cervical Screening

Cervix

Vagina

Self Collect

Post Natal

IUCD

PCB/PMB

Abnormal Bleeding

Cx Suspicious

Previous AIS

Radiotherapy

Immune deficient

LABORATORY COPY

CLINICAL NOTES

SELF DETERMINED

STANDARD PRECAUTIONS  PRIVATE & CONFIDENTIAL  CUMULATIVE REPORT

DO NOT SEND REPORTS TO MY HEALTH RECORD

URGENT  PHONE  FAX  BY TIME:

PHONE/FAX No:

TML Fee  S.F.  B.B. or D.B.

VET AFFAIRS No:

DOCTOR'S SIGNATURE AND REQUEST DATE

COPY REPORTS TO:

REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME, INITIALS, ADDRESS)

Doct			
Copy 1			
Copy 2			
Copy 3			
Hosp/Ward			

HOSPITAL/WARD

PATIENT'S SIGNATURE AND DATE

PERSON DRAWING BLOOD

I certify that the blood specimen(s) accompanying this request was drawn from the patient named above. 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: .....

Was or will the patient be, at the time of the service or when the specimen is obtained: (✓ appropriate box)

a. a private patient in a private hospital or approved day hospital facility  yes  no

b. a private patient in a recognised hospital  yes  no

c. a public patient in a recognised hospital  yes  no

d. an outpatient of a recognised hospital  yes  no

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. Alternatively, I authorise that APP to submit my unpaid account to Medicare so that Medicare can assess my claim and issue me a cheque payable to the APP for the Medicare Benefit.

Practitioner's Use Only ..... (Reason patient cannot sign)

L A B E	Collect Date	Coll. Time	Test Codes	Branch	Ref No.	Lab No.	Description & Containers	Collector
	Received Date	Rec. Time		B/C	Clinic			

Attachments: Yes / No (please circle)  
If yes, no. of pages:

Healius Pathology Pty Ltd (ABN 84 007 190 043)  
APA No. 000042 t/a TML Pathology.

Launceston 247 Wellington Street, Launceston TAS 7250. P: (03) 6711 2000

Hobart 71 Bathurst St Hobart TAS 7000. P: (03) 6108 9900

tmlpath.com.au

MEDICARE CARD NUMBER

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Learn about your tests  
knowpathology.com.au

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PATIENT COPY