

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

TESTS REQUESTED

Fasting Non Fasting Pregnant Horm Therapy LNMP EDC

CERVICAL CYTOLOGY

SITE Cervix Vaginal Vault Endometrium Other

Post Natal Post Menopausal Radio Therapy IUUC Abnormal Bleeding

APPEARANCE Benign OF CERVIX Suspicious

CLINICAL NOTES SELF DETERMINED

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

DO NOT SEND REPORTS TO MY HEALTH RECORD

Collection Time [] : [] Hours p.c. [] : [] Hours post dose [] : []

Fasting Non-fasting Diabetic Thyroxine R Antithyroid R

Urgent **Phone** **Fax** **By Time:** [] : []

Private Schedule Medicare Vet Affairs: []

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. **Collector's Signature** X _____

REQUESTING PRACTITIONER (Provider No., Surname, Init., Address)

ACC STAMP

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 yes no

b) Private patient in a recognised hospital

c) Public patient in a recognised hospital

d) Outpatient of a recognised hospital

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.

PATIENT SIGNATURE X _____ **DATE**/...../.....

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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Learn about your tests
knowpathology.com.au

REQUESTING PRACTITIONER (Provider No., Surname, Initials, Address)

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