

QML REF NO.

MEDICARE CARD NUMBER

**PATHOLOGY REQUEST
WARFARIN
CONTROL FORM**

11 Riverview Place, Metroplex on Gateway, Murarrie Qld 4172. Ph (07) 3121 4444 (24 Hrs)

USE BLACK PEN ONLY

PATIENT LAST NAME		GIVEN NAMES		SEX	DATE OF BIRTH
PATIENT ADDRESS			POSTCODE	TEL(HOME)	TEL(BUS)

Is this a new postal address or contact phone number since your last test? Yes **If "Yes" also tick Q7 below**

TESTS REQUESTED

QML Pathology Control – PT/INR AS REQUIRED – Rule 3 Exemption Wt: _____ kg Ht: _____ cm

CLINICAL NOTES

Current Warfarin Dose Schedule: (Complete schedule AND current dose information)

Daily _____ mg OR Alternate Days _____ / _____ mg OR Other _____

Last dose of _____ (number of) x _____ mg tablets (strength) = Total of _____ mg. Taken on: _____ / _____ / _____ at _____

Note: Please read important information on the back of this form.
PLEASE REMEMBER: The preferred time to present for testing is 9am – 12pm

****COLLECTION STAFF: IT IS YOUR DUTY TO ENSURE ALL QUESTIONS ARE ANSWERED & APPROPRIATE BOX TICKED & DATES ARE PROVIDED****

Important questions to ask the patient/carer (please answer all questions and provide details below to any 'yes' responses):

- Are you **new** to the QML Pathology Warfarin Care Clinic? YES NO
- Have you **missed** or **withheld** any doses in the last **7** days **OR** are you on a **heparin (e.g. clexane) injection**? YES NO UNSURE
- Has anyone **other** than QML Pathology (e.g. your doctor or yourself) **changed your warfarin dose** since your last test? YES NO UNSURE
- Since your last QML dosed test, have you been **hospitalised** for more than **1** day? YES NO UNSURE
- Since your last QML dosed test, have you had **any changes** to medicines **other than warfarin** for more than **1** day? YES NO UNSURE
- Since your last QML dosed test, have you had any notable **changes to your health?** (e.g. bleeding/blood clots/bowel changes/Weight loss) YES NO UNSURE
- Other points of note (e.g. **impending surgery, difficult collect, travel, holidays**) or other relevant information for Warfarin Clinic? YES NO
- Are there any accompanying **updated clinical notes or forms?** Once scanned, send to Warfarin Clinic via internal mail. YES NO

If 'yes' answered to any of the above, please give brief details, including any medicines and/or changes and reasons – YOU MUST PROVIDE DATES:

Details for each issue/detail to a YES response	Date began	Date ceased

Supply patient with a blank request form: see IMPORTANT information on the reverse side

I confirm that the information provided on this form by myself to QML Pathology is based upon accurate responses. I have included any medication changes as prescribed by my doctor. I understand QML Pathology will not be responsible for any adverse medical outcome sustained by me as a consequence of providing QML Pathology with inaccurate information.

Signature: _____
Date: _____

For a full list of our collection centres and their opening hours, please visit qml.com.au or call **(07) 3121 4100**

QML PATHOLOGY/DOCTOR USE

<input type="checkbox"/> PRIORITY request (green bag) <input type="checkbox"/> URGENT request (red bag)	Visit Type: <input type="checkbox"/> Rooms <input type="checkbox"/> Nursing Institution/Care Facility <input type="checkbox"/> Home Visit HV Booking Number: _____	<p>If patient has presented with a new, signed Rule 3 Form.</p> <p>Attach Collection Label CL/005 to that form and use it to answer the standard questions. Ensure dates and details are provided for YES answers, and you provide last warfarin dose information. DO NOT use this form as an attachment. Refer SOP/CL/02/003.</p>
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COPY REPORTS TO:	REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME, INITIALS, ADDRESS)
HOSPITAL/WARD	

<p>Was or will the patient be, at the time of the service or when the specimen is obtained: (✓ appropriate box)</p> <p>a. a private patient in a private hospital or approved day hospital facility <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>b. a private patient in a recognised hospital <input type="checkbox"/></p> <p>c. a public patient in a recognised hospital <input type="checkbox"/></p> <p>d. an outpatient of a recognised hospital <input type="checkbox"/></p>	<p>MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973)</p> <p>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. In the alternate, 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.</p> <p>X _____ X _____ / _____ / _____</p> <p>Practitioner's Use Only _____ (Reason patient cannot sign)</p>	<p>PATIENT'S SIGNATURE AND DATE</p> <p>_____</p> <p>_____ / _____ / _____</p>	<p>PERSON DRAWING BLOOD</p> <p>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 by inspection of wrist band and immediately upon the blood being drawn I labelled the specimen(s).</p> <p>Signature _____</p>
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<p>Collect Date</p> <p>Received Date</p>	<p>Coll. Time</p> <p>Rec. Time</p>	<p>Test Codes</p>	<p>Attachments: Yes / No (please circle) If yes, no. of pages:</p>	<p>Branch</p> <p>B/C</p>	<p>Ref. No.</p> <p>Clinic</p>	<p>Lab. No.</p>	<p>Description & Containers</p>	<p>Collector</p>
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Important Information for Patients

Remember between now and your next test date to contact QML Pathology on **1300 661 963** or email warfarincare@qml.com.au, if any of the following apply:

- There are any changes to your medicines that you will be taking for more than three days. (This includes prescription and non-prescription medicines, vitamins, and herbal and health supplements)
- You commence antibiotics or pain killers - Supply name and date of commencement
- There have been any relevant changes to your health, e.g. new medical conditions or health deterioration, vomiting and diarrhoea
- You have been hospitalised for more than 24 hours and/or you are on heparin (clexane) injection
- Your Warfarin needs adjusting prior to planned procedures or surgery
- Your Warfarin dosage is altered by any other doctors

PREPARING FOR YOUR TEST

For your convenience, please ask for a blank request form from the Collector for you to complete prior to your next test. For those with access to the internet this form can be downloaded and completed prior to you attending a QML Pathology collection centre.

Go to: qml.com.au/patients/warfarin and download the QML Pathology Warfarin Request Form.

RECEIVING YOUR RESULTS

We ask that you continue to take the same dose until we contact you. All phoning out to patients is done in order of clinical priority, we contact new patients and those with abnormal results first, then those with minor dose changes. If, however, you do not receive your results within 2 - 3 days of your test, you should contact us on **1300 661 963** to confirm your INR and Warfarin doses.

If you are a new warfarin patient and you do not receive a call after 24 hours, please telephone our Warfarin Support Service on **1300 661 963**.

It is important that your contact details, phone numbers and postal address are up to date and current at all times. Mobiles should be switched on and/or other phones should have a suitable answering service if you are unable to attend to these.

QML Pathology may telephone you, send an SMS to your mobile or send your results by mail.

TRAVELLING AWAY

You must notify QML Pathology if you are going away on holidays or business. Sometimes we can change your next test date to fit in with your plans but other times you will need a test whilst away. If you are outside of the QML Pathology network, then make alternative arrangements PRIOR to your travel to plan where you can test and who can give you dose instructions. Check with GP: they may be able to help, otherwise you will need to visit another doctor/pathology while interstate/overseas so they can manage your Warfarin doses. Supply them with your medical history and recent results – obtained from your doctor.

HOSPITAL ADMISSIONS

Prior to, or once discharged, you will need to be reinstated onto the Warfarin Care Clinic monitoring program by the Hospital. Ask them to contact us before you are discharged. Short stay or minor procedures may be exempt from this process. If you have been prescribed heparin (e.g. clexane) injection, you will need to remain under the care of your hospital or be referred to your doctor (unless under a private specialist) until you have stopped taking heparin and your INR results have returned to range. You can then be reinstated onto the Warfarin Care Clinic monitoring program.

Reminder: This service is not Government funded. We require your full cooperation to make this service run efficiently and effectively. Those failing to cooperate may be removed from the service and your doctor notified.

Ensure Warfarin fees are paid in a timely manner to allow the Warfarin service to continue uninterrupted.