

A/Prof T. Leong, Dr M. Leroi, Dr Q. Lam, Dr C. Hogan

<b>PATIENT</b> Surname _____
Given Name _____ UR No. _____
Address _____ Postcode _____
Date of Birth ____/____/____ Sex: M <input type="checkbox"/> F <input type="checkbox"/> Tel _____
MEDICARE or DVA (Repat) Number _____

COLLECTORS MUST COMPLETE:		
Hosp _____	Ward _____	Coll. _____

The specimens for this request were obtained & labelled after verifying the patient's identity.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ **Fasting Y  N**

Patient Status at Time of Service or Specimen Collection	Complete for all Patients
Private patient in a private hospital or approved day hospital Yes <input type="checkbox"/> No <input type="checkbox"/>	1. <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Overseas
Private patient in a recognised hospital Yes <input type="checkbox"/> No <input type="checkbox"/>	2. <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient
Public patient in a recognised hospital Yes <input type="checkbox"/> No <input type="checkbox"/>	3. VA No. _____ <input type="checkbox"/> TAC
Outpatient of a recognised hospital Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Accident ____/____/____

MEDICARE ASSIGNMENT FORM (Section 20A of the Health Insurance Act 1973)	
Practitioner's Use Only	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.
Reason Patient cannot sign _____	Patient Signature _____ Date: ____/____/____

<b>REQUESTING PRACTITIONER</b> Surname & Initials, Address, Tel No. & Provider No. _____	
Doctor Code _____	Pager No. _____
<b>REPORT COPIES</b> Dr _____ Address _____	<b>REPORT COPIES</b> Dr _____ Address _____

CLINICAL NOTES (Relevant History/Procedure/Medications)	
Pregnant: Y <input type="checkbox"/> N <input type="checkbox"/>	
Last Drug Dose: Time..... Dose ..... <input type="checkbox"/> SD	
<b>CERVICAL CYTOLOGY Site:</b> <input type="checkbox"/> cervix <input type="checkbox"/> vault LNMP ____/____/____	
<b>Clinical:</b> <input type="checkbox"/> pregnant <input type="checkbox"/> post-natal <input type="checkbox"/> abnormal bleed <input type="checkbox"/> suspicious <input type="checkbox"/> IUCD <input type="checkbox"/> OCP <input type="checkbox"/> HRT	

TESTS REQUESTED	Urgent <input type="checkbox"/> Tel <input type="checkbox"/> Fax <input type="checkbox"/> by _____ hrs Tel/Fax _____
-----------------	--

REQUESTING DOCTOR	
Doctor's Signature _____	Request Date ____/____/____ Time _____

LAB USE ONLY	
Specimen Types	
EDTA	
SERUM	
HEPARIN	
CITRATE	
ESR	
FLU	
ACD	
GAS	
BCULT	
TISSUE	
URINE	
SWAB	
CSF	
FLUID	
SPUTUM	
FAECES	
BRWASH	
OTHER	

**COLLECTION FACILITIES**

Your doctor has recommended that you use Austin 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.

**MEDICAL CONSULTANTS:**  
 Chemical Pathology: Dr Q. Lam  
 Microbiology: Dr M. Leroi  
 Haematology: Dr C. Hogan  
 Anatomical Pathology: A/Prof T. Leong

AUSTIN HOSPITAL Outpatient Department				Melway Ref.: Map 21 - J4
Level 3, Harold Stokes Building, Burgundy Street, Heidelberg Victoria 3084				
Phone: 03 9496 5472	Fax: 03 9496 3935	Hours: Monday-Friday: 7.00am to 5.00pm	Lunch 12.30pm to 1.00pm	Saturday: 8.30am to 12.30pm
HEIDELBERG REPATRIATION HOSPITAL Outpatient Department				Home Visit: 03 9496 6256
Ground Floor, Tobruk Building, Edwin Street, Heidelberg Victoria 3081				Melway Ref.: Map 31 - G4
Phone: 03 9496 2818	Fax: 03 9496 4120	Hours: Monday-Friday: 7.45am to 4.45pm	Lunch 12.30pm to 1.00pm	Parking: off Banksia Street
MERCY HOSPITAL FOR WOMEN Outpatient Department				Melway Ref.: Map 31 - J4
Level 3, Studley Road, Heidelberg Victoria 3084				
Phone: 03 8458 4276	Fax: 03 8458 4193	Hours: Monday-Friday: 7.00am to 6.00pm	Lunch 12.30pm to 1.00pm	
EPPING				Melway Ref.: Map 181- J11
130 Cooper Street, Epping Victoria 3076				
Phone: 03 9408 9486	Fax: 03 9408 4839	Hours: Monday-Friday: 8.30am to 5.00pm	Lunch 1.30pm to 2.00pm	
LOWER PLENTY				Melway Ref.: Map 21 - A9
17 Main Road, Lower Plenty Victoria 3093				
Phone: 03 9496 5750	Fax: 03 9432 9852	Hours: Monday-Friday: 8.00am to 4.30pm	Lunch 12.30pm to 1.00pm	Parking: available on site
BUNDOORA KIDSPATH				Melway Ref.: Map 20 - B1
478 Grimshaw Street, Bundoora Victoria 3083				
Phone: 03 9467 9395		Hours: Monday-Friday: 9.00am to 5.30pm	Lunch 12.30pm to 1.00pm	Parking: available on site
WALLAN				Melway Ref.: Map 249 - E8
Wallen GP Super Clinic-Ground Floor, 7-11 High Street Wallan Victoria 3756				
Phone: 03 5783 0078		Hours: Monday-Friday: 8.30am to 5.00pm	Lunch 12.30pm to 1.00pm	Saturday: 8.30am to 12.30pm
RESERVOIR				Melway Ref.: Map 18 - D6
745 Gilbert Road, Reservoir Victoria 3073				
Phone: 03 9470 2697		Hours: Monday-Friday: 8.00am to 4.30pm	Lunch 12.30pm to 1.00pm	Parking: available on site
GREENSBOROUGH				Melway Ref.: Map 20 - K2
Gastrocare, Eldale Specialist Centre, 13 Eldale Avenue, Greensborough Victoria 3088				
Phone: 03 8468 1616		Hours: Monday-Friday: 8.00am to 4.30pm	Lunch 12.30pm to 1.00pm	Parking: available on site
KYNETON				
Kyneton District Hospital, 7-25 Caroline Chisholm Drive, Kyneton Victoria 3444				
Phone: 03 5421 2894		Hours: Monday-Friday: 8.00am to 12.00pm		

**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 the 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.