

PATIENT SURNAME _____

GIVEN NAME(S) _____ MRN _____

PATIENT ADDRESS _____

_____ POSTCODE _____

DATE OF BIRTH ____ / ____ / ____ SEX _____ TELEPHONE _____

HC FACILITY	WARD	COLL. CENTRE
<div>Public <input type="checkbox"/> MBS <input type="checkbox"/></div>		

CLINICAL NOTES		FASTING	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		PREGNANT	Yes <input type="checkbox"/>	Weeks _____
		MEDICATION / TLD _____		

Hospital status of patient at specimen collection or date of service	Yes	No
Private patient in a private hospital or approved day hospital facility	<input type="checkbox"/>	<input type="checkbox"/>
Private patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
Public patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient of a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>

I certify that I collected the accompanying specimen from the above patient whose identity was confirmed by enquiry and/or examination of their ID wristband, and that I labelled the specimen immediately following collection before leaving the patient.

SIGNED: _____ NAME (Print): _____

REFERRING DOCTOR (NAME, PROVIDER NUMBER, ADDRESS)	DOCTOR CODE
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COPY TO: (NAME, PROV NO., ADDRESS)	COPY TO: (NAME, PROV NO., ADDRESS)
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TESTS REQUESTED	URGENT <input type="checkbox"/>	PHONE _____	FAX _____
DOCTOR'S SIGNATURE AND REQUEST DATE X _____ / ____ / ____			

PATIENT'S SIGNATURE AND DATE

By this declaration I assign my right to benefits to the Approved Pathology Practitioner who will render the requested pathology service(s).

X _____ / /

LOCATION			INITIALS		
C	V	A	I	S	D
DATE			TIME		

TUBES								URINE				SWABS					SLIDES		CONTAINERS			OTHER
GEL	PLAIN	EDTA	EDTA	FLOX	CITRATE	HEPARIN	TRACE	BACTO	CYTO	24HR	PCR	ORANGE	WHITE	GREEN	RED	PINK	BACTO	CYTO	FAECES	SEMEN	HISTO	DESCRIBE
			9mL																			

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.

AUSTIN PATHOLOGY Level 6, Harold Stokes Building 145 Studley Road Heidelberg, VIC 3084 Ph: 03 9496 3100 Website: www.austinpathology.org.au



SCAN ME

For all collection centre opening hours &
contact details please visit

www.austinpathology.org.au

Fasting Blood Test Instructions

Your Doctor may have asked you to have a blood test while fasting. If so:

- Please do not eat or chew gum for 8 to 10 hours before the blood test, however you may drink water.
- Medications should be taken as advised by your Doctor.
- Please do not exercise while fasting.
- Please have some food ready to eat after your test.
- Note: Your results may be impacted if you do not fast.

We bulk bill for all Medicare rebatable testing

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.

Austin Pathology are always seeking to improve our service to patients. Please check our website for new collection centres and times.

www.austinpathology.org.au