Austin HEALTH | Pathology

MEDICARE CARD NO.

PRE-ASSIGNMENT PATHOLOGY REQUEST

RCPA The Royal College of Pathologists of Australasia
Accredited for compliance with NPAAC standards and ISO 15189
Accreditation Number 2741

NATA

Austin Health APA
145 Studley Rd
Heidelberg VIC 3084
www.austinpathology.org.au
9496 3100

PATIENT SURNAME

GIVEN NAME(S) **MRN**

PATIENT ADDRESS

POSTCODE

DATE OF BIRTH / / **SEX** **TELEPHONE**

REFERRING DOCTOR
(NAME, PROVIDER NUMBER, ADDRESS)

DOCTOR CODE

COPY TO: (NAME, PROV NO., ADDRESS)

COPY TO: (NAME, PROV NO., ADDRESS)

HC FACILITY | WARD | COLL. CENTRE

Public ☐ MBS ☐

CLINICAL NOTES

FASTING Yes ☐ No ☐
PREGNANT Yes ☐ Weeks
MEDICATION / TLD

TESTS REQUESTED **URGENT** ☐ PHONE FAX

☐ SD ☐ Do Not Send Report to My Health Record

DOCTOR'S SIGNATURE AND REQUEST DATE
X / /

Practitioner's Use Only (Reason for patient being unable to sign)

Hospital status of patient at specimen collection or date of service

	Yes	No
Private patient in a private hospital or approved day hospital facility	☐	☐
Private patient in a recognised hospital	☐	☐
Public patient in a recognised hospital	☐	☐
Outpatient of a recognised hospital	☐	☐

PATIENT'S SIGNATURE AND DATE
Is the patient the assignor: ☐ Yes ☐ No
By this declaration I assign my right to benefits to the Approved Pathology Practitioner who will render the requested pathology service(s) and any pathology-determinable service.
X / /

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):**

LOCATION	INITIALS
C V A I S D	
DATE	TIME

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