

PATIENT LAST NAME		GIVEN NAMES		MALE / FEMALE / UNKNOWN / OTHER	DATE OF BIRTH	YOUR FILE No.
PATIENT ADDRESS				POSTCODE	TEL(HOME & MOBILE)	TEL(BUS)

TESTS REQUESTED

	Size	
	Lesion	Defect
1		
2		
3		
4		

LABORATORY COPY

CLINICAL NOTES/CLINICAL DIAGNOSIS (e.g., DURATION, SIZE, APPEARANCE, DISTRIBUTION, SYMPTOMS, DIFFERENTIAL DIAGNOSIS)

Do not send reports to My Health Record

STANDARD PRECAUTIONS PRIVATE & CONFIDENTIAL SELF DETERMINED

URGENT PHONE FAX BY TIME: _____
 PHONE/FAX No: _____ BY DATE: _____
 PRIV FEE SCHED. B/B
 VET AFFAIRS No: _____

DOCTOR'S SIGNATURE _____ REQUEST DATE _____

COPY REPORTS TO: _____ REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME & INITIALS, ADDRESS) _____

HOSPITAL/WARD _____

Collect Date	Coll. Time	Test Codes	Branch	Ref. No.	Lab. No.	Description & Containers	Collector
U L A S E	_____	_____	B/C	Clinic			
Received Date	Rec. Time	Attachments: Yes / No (please circle) If yes, no. of pages: _____					

Was or will the patient be, at the time of the service or when the specimen is obtained: (✓ appropriate box)

1. a private patient in a private hospital or approved day hospital facility	yes	no
2. a private patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
3. a public patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
4. an outpatient of a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>

PATIENT'S SIGNATURE AND DATE
MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973)
 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.
 SIGNATURE x _____ x DATE / /
 Practitioner's Use Only _____
 (Reason patient cannot sign)

SITE: _____
NAME: _____
D.O.B.: _____

PULL
SITE: _____
NAME: _____
D.O.B.: _____

PULL
SITE: _____
NAME: _____
D.O.B.: _____

Specialist Diagnostic Services Pty Ltd (ABN 84 007 190 043) APA No. 000042 t/a IQ Pathology Level 1, 132 Lutwyche Road, Windsor, QLD 4030. PO Box 3470 South Brisbane QLD 4101 Ph: (07) 3828 3100

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Learn about your tests
knowpathology.com.au

PATIENT COPY

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