

# Request Form

Results Hotline 136199



PATIENT LAST NAME	GIVEN NAME/S	SEX Male <input type="checkbox"/> Female <input type="checkbox"/>	MEDICARE CARD NUMBER
PATIENT ADDRESS			TEL: (HOME) _____ TEL: _____ (BUSINESS)

TESTS REQUESTED	PENSION CARD NO.	YOUR REFERENCE/HRN
	HEALTH CARE CARD NO.	
CLINICAL NOTES  <input type="checkbox"/> SD (Self Determine)	REPAT. GOLD CARD NO.	CERVICAL SCREENING TEST: <input type="checkbox"/> Practitioner Collect <input type="checkbox"/> Self-Collect LBC AND HPV TESTS NOT MEETING CRITERIA ARE NOT COVERED BY MEDICARE Cervical Screening Test: <input type="checkbox"/> ROUTINE or <input type="checkbox"/> Non-ROUTINE* HPV or <input type="checkbox"/> CO-TEST If CO-TEST please specify reason: <input type="checkbox"/> Test of Cure previous HSIL <input type="checkbox"/> Symptomatic <input type="checkbox"/> Previous AIS <input type="checkbox"/> Previous unsatisfactory LBC Result <input type="checkbox"/> DES exposure history <input type="checkbox"/> Previous HPV positive self-collect <input type="checkbox"/> Post-hysterectomy vaginal vault <input type="checkbox"/> Abnormal bleeding type: *Repeat of previous unsatisfactory HPV or followup previous intermediate risk HPV
	<input type="checkbox"/> Fasting <input type="checkbox"/> Non-fasting  Do not send reports to My Health Record <input type="checkbox"/>	

URGENT     PHONE     FAX     BY TIME  
 PHONE/FAX NO: \_\_\_\_\_  
 PRIVATE     DIRECT BILL

**DOCTOR'S SIGNATURE AND REQUEST DATE**

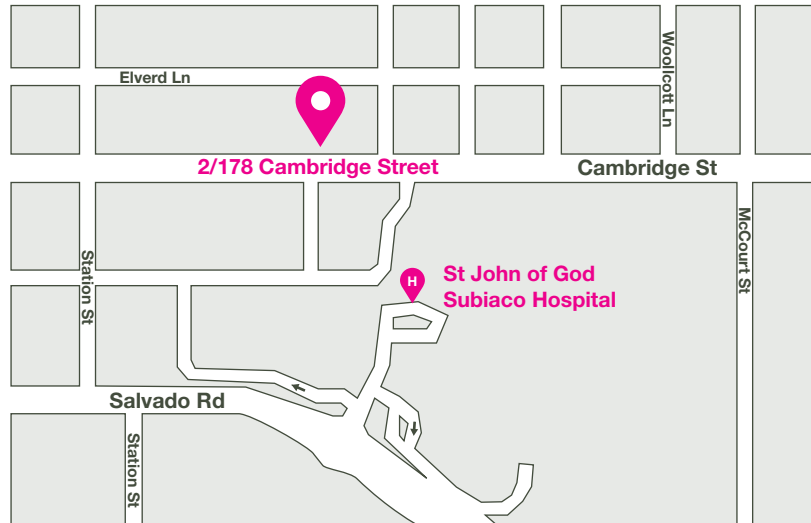
Patient status at time of service or when the specimen collected 1. Private patient in a private hospital or approved day hospital facility <input type="checkbox"/> YES/NO 2. Private patient in a recognised hospital <input type="checkbox"/> 3. Public patient in a recognised hospital <input type="checkbox"/> 4. Outpatient of a recognised hospital <input type="checkbox"/>	LABORATORY USE ONLY	LCC	SPECIMENS COLLECTED	SPECIMENS RECEIVED
	Date: _____ Time: _____	Collector	Rec. by: _____	
MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973) I offer to assign my right to benefits to the approved pathology practitioner ("APP") who will render the requested pathology services and any eligible pathologist determinable service(s) established as necessary by the practitioner. In the event that I am issued with an account for those services, I also authorize 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.			PATIENT'S SIGNATURE AND DATE _____ / _____ / _____ (Reason patient cannot sign)	
<input type="checkbox"/> tick: Practitioner Use Only: .....				

REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME AND INITIALS)  Tick if patient requires copy of this request form

**PERSON DRAWING BLOOD TO COMPLETE:**  
 I certify that the blood specimen accompanying this request was drawn from the patient stated as established by direct enquiry of the patient and/or inspection of the ID wristband, and that specimen was labelled immediately. I have also signed the sample tube.  
 NAME: \_\_\_\_\_  
 SIGN: \_\_\_\_\_    DATE: \_\_\_\_\_

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 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.

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Specialising in Generation®/Generation plus® testing and Glucose Tolerance Testing.*

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- ♀ Bulk billing
- ♀ Luxurious patient amenities for superior comfort

Your treating practitioner has recommended that you use Western Women's Pathology. You are free to choose your own pathology provider. However, if your treating practitioner 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 treating practitioner.