

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

**TESTS REQUESTED**

Cervical Screening Test (CST) - Routine  
 Cervical Test - Follow up of previous intermediate risk  
 Cervical Co-test, test of cure previous HSIL  
 Cervical Co-test, symptomatic  
 Cervical Co-test, previous AIS  
 Cervical Co-test, DES exposure  
 Self-collected HPV Test  
 ThinPrep® Liquid Based Cytology only  
 Histopathology of biopsy

**Tests Requested (Even if not funded by Medicare)**  
 ThinPrep® (Privately billed)  
 HPV (Privately billed)  
 Cervical Co-test (HPV + Cytology) (Privately billed)

**IMPORTANT TESTING AND BILLING TRIAGE DATA**  
 Site:  Cervix  Vaginal Vault  Vagina  
 LMP: ..... / ..... / .....

**Clinical:**  
 Pregnant  Postnatal  Post-menopausal  
 Hysterectomy  HRT  IUD

Previous radiotherapy  
 20-25 year old with sexual debut <14yo and non-vaccinated on debut  
 Immunocompromised - Why: .....

Repeat for previous unsatisfactory result  
 Surveillance of a previously treated cancer - Type: .....

**Symptoms:**  
 Post-menopausal bleeding  
 Post-coital bleeding  
 Other: .....

**Signs:**  
 Cervix appearance normal  
 Cervix appearance suspicious

CLINICAL NOTES (Additional to checkboxes above)

SELF DETERMINED  PRIVATE & CONFIDENTIAL  CUMULATIVE  DO NOT SEND REPORTS TO MY HEALTH RECORD

<b>URGENT</b> <input type="checkbox"/>	<b>PHONE</b> <input type="checkbox"/>	<b>FAX</b> <input type="checkbox"/>	<b>BY TIME:</b>
PHONE/FAX No:			
LAVERTY Fee <input type="checkbox"/>	S.F. <input type="checkbox"/>	B.B. or D.B. <input type="checkbox"/>	
VET AFFAIRS No:			

DOCTOR'S SIGNATURE AND REQUEST DATE  
 ...../...../.....

COPY REPORTS TO:

REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME, INITIALS, ADDRESS)

Doct				
Copy 1				
Copy 2				
Copy 3				
Hosp/Ward				

HOSPITAL/WARD

**PATIENT'S SIGNATURE AND DATE**

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

a. a private patient in a private hospital or approved day hospital facility	yes	no
b. a private patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
c. a public patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
d. an outpatient of a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>

**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.  
 X ..... / ..... / .....  
 Practitioner's Use Only ..... (Reason patient cannot sign)

**National Cancer Screening Register (NCSR)**  
 The National Cancer Screening Register (NCSR) is an 'opt out' register. Patients who wish to opt out or back in must contact the register directly on 1800 627 701.

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

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**TESTS REQUESTED**

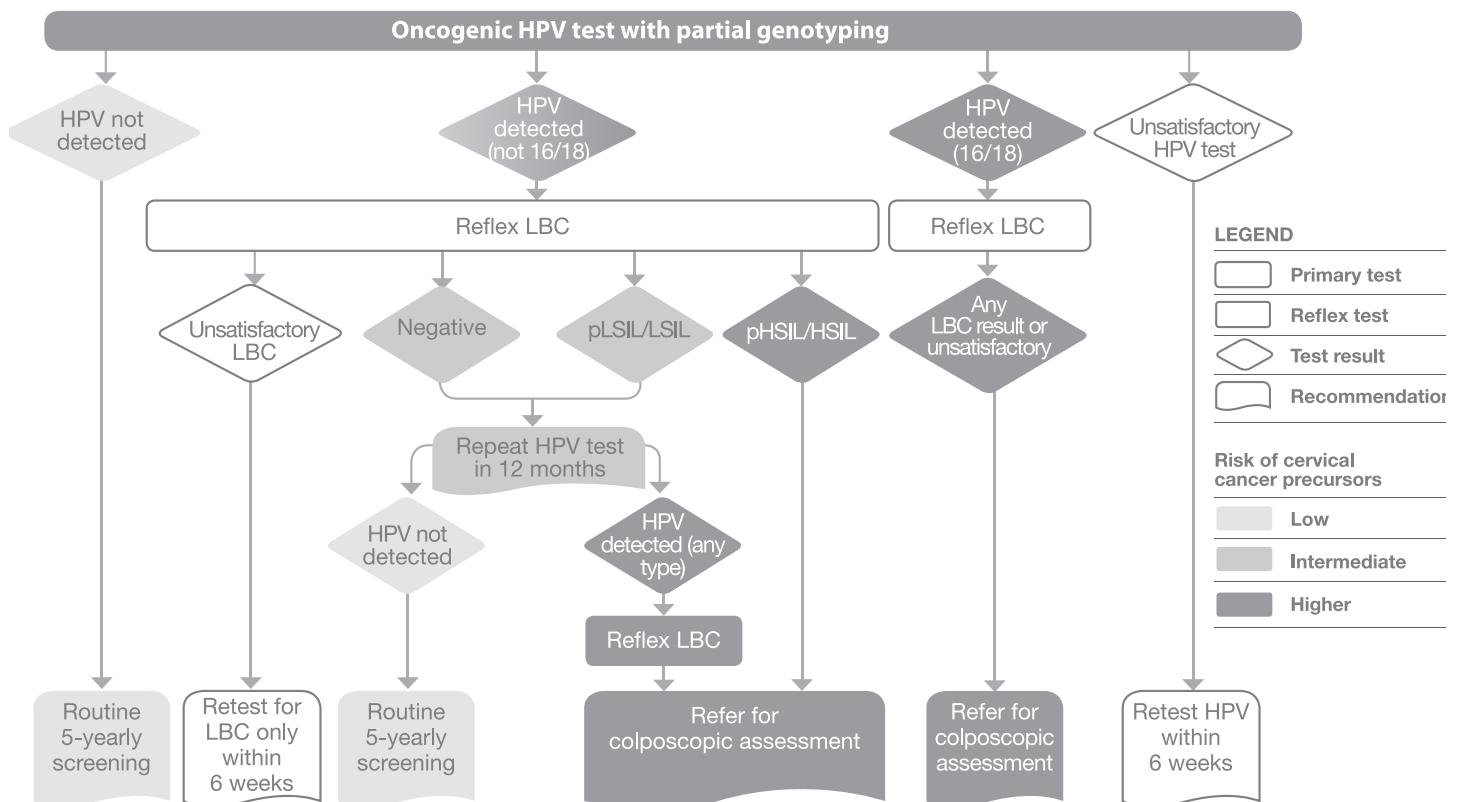
PATIENT COPY

REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME, INITIALS, ADDRESS)

**USE OF PATIENT CONTACT INFORMATION**  I consent to my contact details (and no clinical information) being used by Laverty Pathology for marketing communication purposes. PATIENT SIGNATURE X ..... X 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.

# Cervical Screening Pathway for Primary Oncogenic HPV Testing



Source: National Cervical Screening Program: Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding. Cancer Council Australia, Sydney (2016)

## A SUCCESS STORY

The introduction of the National Cervical Screening Program in 1991 is one of the great Australian public success stories. In just over 20 years, cervical cancer diagnosis and deaths have decreased by approximately 50%.<sup>1</sup>

### WHY CHANGE?

- ✓ In the 20 years since the Pap smear program was introduced we now have developed a better understanding of cervical cancer and how it develops.
- ✓ Technology and methods for detecting Human papillomavirus are now more effective than the traditional method.
- ✓ We now have a far greater understanding of age appropriate screening ranges and intervals.
- ✓ Under the new cervical cancer screening program the number of screening tests most women will undergo in a lifetime would drop from 26 to approximately 10.
- ✓ Evidence shows that this new cervical cancer screening approach will reduce cervical cancer rates even further.

### WHAT DOES THIS MEAN?

- ✓ Women over the age of 25 will be invited by the National Cancer Screening Register to participate in the national cervical screening program.
- ✓ The time between tests will change from 2 to 5 years.
- ✓ The cervical screening program will be available to women between the ages of 25 and 74 years.
- ✓ Human papillomavirus (HPV) vaccinated women still require cervical screening as the HPV vaccine does not protect against all the types of HPV that may cause cervical cancer.
- ✓ Women of any age who have symptoms such as unusual bleeding, discharge or pain should see their health care professional immediately.

**FOR OPENING TIMES AND OTHER COLLECTION CENTRE DETAILS, REFER TO [WWW.WDP.COM.AU](http://WWW.WDP.COM.AU)**

Your treating practitioner has recommended that you use Western Diagnostic 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.

1: NHMRC (2005) Screening to prevent Cervical Cancer: Guidelines for the management of asymptomatic women with screen detected abnormalities. NHMRC 2005. Accessible from [www.nhmrc.gov.au](http://www.nhmrc.gov.au)