virtus DIAGNOSTICS

PATHOLOGY REQUEST

Medicare Card Number

Tel 1800 837 284
Fax 02 9570 2111
virtusdiagnostics.com.au

PATIENT COLLECTION LOCATIONS See Over

Patient Last Name | Given Names | Sex | Date of Birth | Your Patient's Ref:

Patient Address | Postcode | Tel (Home) | Tel (Other)

Tests Requested

LABORATORY COPY

ThinPrep® and **HPV** tests not meeting criteria are **not** covered by Medicare.

Fasting ☐
Non-Fasting ☐
Pregnant ☐
Horm Therapy ☐
LMP ☐
EDC ☐
Cervical Cytology
Site: Cervix ☐
Vaginal Vault ☐
Endometrium ☐
Other ☐
Post Natal ☐
Post Menopausal ☐
Radiotherapy ☐
IUCD ☐
Abnormal Bleeding ☐
Appearance of Cervix
Benign ☐
Suspicious ☐
Not for PAP register ☐

Clinical Notes

Collection Time

Time/Hours Post Dose

Fasting ☐ Non-Fasting ☐ Diabetic ☐ Thyroxine ℞ ☐ Antithyroid ℞ ☐ Pregnant ☐ Self Determined ☐

Urgent ☐ **Phone** ☐ **Fax** ☐ By Time: ________
Phone/Fax No:
Private ☐ **Schedule** ☐ **Rebate** ☐ **Bulk Bill** ☐
Veteran Affairs:

IMPORTANT
Global ☐

Doctor's Signature and Request Date
X..

LAB USE

Tubes						Urine					Swabs			Slides			Containers			Others
Plain	SST	EDTA	Gluc	Cit	Hep	Bacto	Cyto	24Hr	PCR	Others	Micro	Viral	Chlam	Bacto	PAP	Chlam	Faeces	Semen	Histo	

Report copy to:

Hospital/Ward

Requesting Practitioner: (Including Family Name, Initials, Address, Provider No.)

COLLECTOR DECLARATION
Time
Date
Location
I certify that I have collected the accompanying sample from the above patient whose identity was confirmed by direct inquiry and the specimen was labelled in the patient's presence.
COLLECTOR SIGNATURE

Was or will the patient be at the time of service or when the specimen is obtained

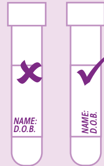
	YES	NO
a) Private patient in a private hospital or approved day hospital facility	☐	☐
b) Private patient in a recognised hospital	☐	☐
c) Public patient in a recognised hospital	☐	☐
d) Outpatient of a recognised hospital	☐	☐

MEDICARE ASSIGNMENT
(Section 20A of the Health Insurance Act1973)
I offer to assign my rights 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.

Patient's Signature and Date
X..

Practitioner's Use Only:
(Reason patient cannot sign.) ....

1. **Please ensure both patient name and date of birth are complete prior to removing label.**
2. **Remove label and attach to specimens.**
3. **If more than three specimens, please record patient details directly on additional containers.**



NAME:
D.O.B.:
PULL

NAME:
D.O.B.:
PULL

NAME:
D.O.B.:
PULL

BEND FORM TO REMOVE LABELS

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PATHOLOGY REQUEST

RCPA The Royal College of Pathologists of Australasia — NATA
This document is issued in accordance with the NATA/RCPA accreditation requirements. Accredited laboratory 14472.

Medicare Card Number

Patient Last Name | Given Names | Sex | Date of Birth | Your Patient's Ref:

Patient Address | Postcode | Tel (Home) | Tel (Other)

Tests Requested

PATIENT COPY

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."

Requesting Practitioner

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	YES	NO
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PATHOLOGY COLLECTION CENTRE LOCATIONS

You must phone or see Reception for an appointment for blood collection

Your doctor has recommended that you use Virtus Diagnostics. 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.

For locations and opening times, please visit virtusdiagnostics.com.au