

MEDICARE CARD NUMBER

**CERVICAL SCREENING TEST REQUEST FORM**

PATIENT LAST NAME GIVEN NAMES MALE / FEMALE / UNKNOWN / OTHER DATE OF BIRTH FILE No.

PATIENT ADDRESS POSTCODE TEL (HOME & MOBILE) TEL (BUS)

**TESTS REQUESTED Complete check boxes below to meet CST eligibility criteria**

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 &/or signs (specify below):  
 Post-menopausal bleeding  
 Post-coital bleeding  
 Unexplained inter-menstrual bleeding  
 Discharge - offensive and/or bloodstained  
 Cervix appears suspicious  
 Cervical Co-test, previous AIS (Adenocarcinoma in situ)  
 Self-collected HPV Test  
 Cervical Co-test, DES exposure  
 Liquid Based Cytology only (specify reason)

**CLINICAL:**  
 Post-menopausal  Pregnant  
 Postnatal  HRT  
 Total hysterectomy  Immunocompromised  
 Surveillance of previous treated cancer (specify type/treatment)  
 Identifies as Aboriginal and/or Torres Strait Islander  
 20-25yo with sexual debut <14yo and non-vaccinated on debut

**SITE:**  
 Cervix  
 Vaginal Vault

**TEST REQUESTED (NOT FUNDED BY MEDICARE)**  
 HPV - Privately billed  LBC - Privately billed  Co-test - Privately billed

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

**URGENT**  **PHONE**  **FAX**  BY TIME:

PHONE/FAX No: Laverly Fee S.F. B.B. or D.B. VET AFFAIRS No:

DOCTOR'S SIGNATURE AND REQUEST DATE

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

HOSPITAL/WARD

**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.

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

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"/>

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

NAME: D.O.B.: NAME: D.O.B.: NAME: D.O.B. (LIFT)

**Laverly** PATHOLOGY Healius Pathology Pty Ltd (ABN 84 007 190 043) APA No. 000042 t/a Laverly Pathology. 60 Waterloo Road, North Ryde NSW 2113, Ph 13 39 36. laverly.com.au

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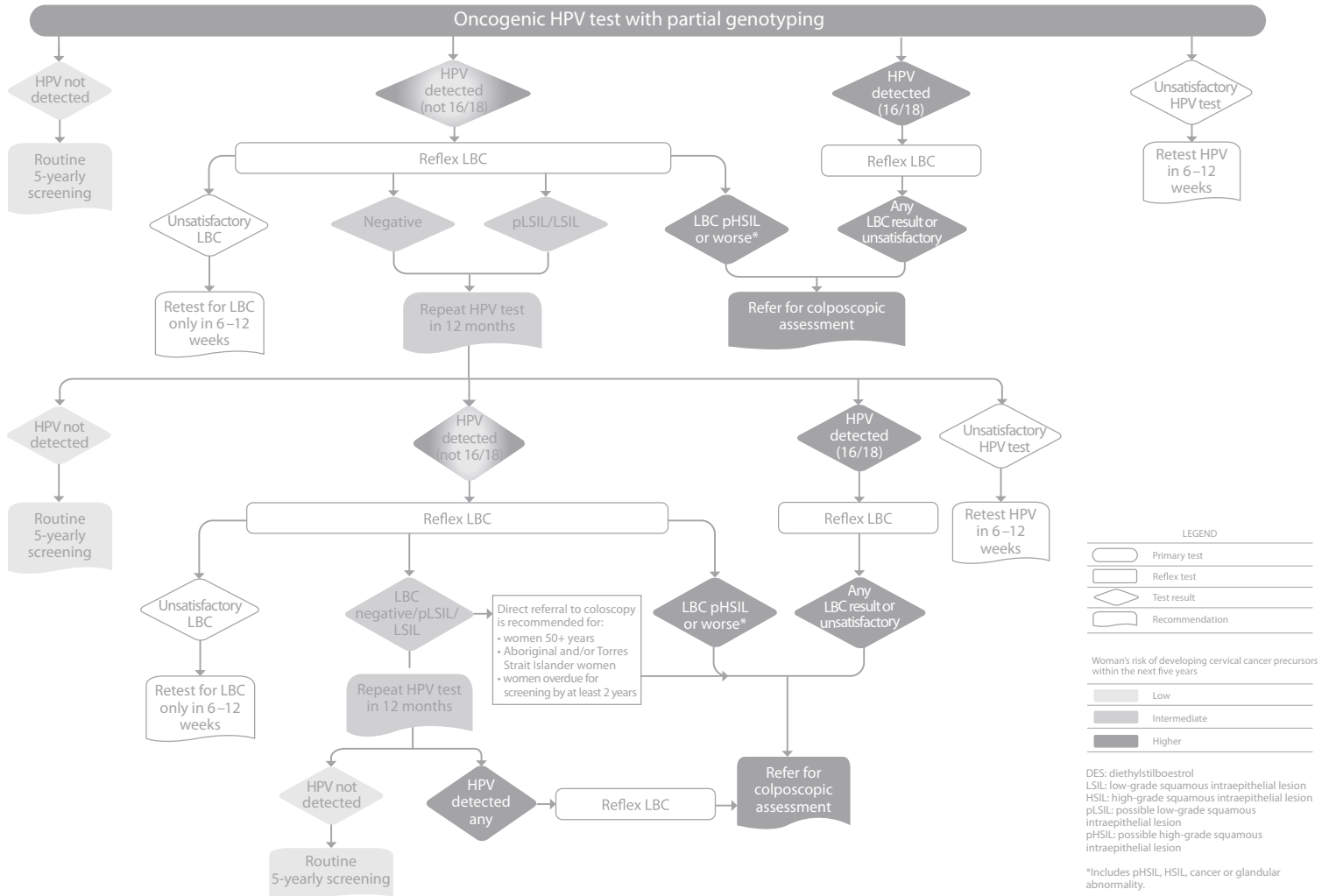
**TESTS REQUESTED**

**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 Laverly Pathology for marketing communication purposes. PATIENT SIGNATURE X DATE / /

# Cervical Screening Pathway for Primary Oncogenic HPV Testing



Cancer Council Australia Cervical Cancer Screening Working Party. Clinical pathway: Cervical screening pathway. National Cervical Screening Program: Guidelines for the management of screen detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding. CCA 2016. Accessible from [http://wiki.cancer.org.au/australia/Guidelines:Cervical\\_cancer/Screening](http://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening). Updated Dec 2020.



For a full listing of our collection centres and operating hours, please visit [lavery.com.au](http://lavery.com.au) or scan the QR code with your smart phone app. If a collection centre is not located in your region, please contact the Lavery Pathology on (02) 9005 7000 for further assistance.

Your treating practitioner has recommended that you use Lavery 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.