

RESULTS ENQUIRIES 13 39 36

Specialist Diagnostic Services Pty Ltd ABN 84 007 190 043 APA No 000042 trading as Lavery Pathology

PATIENT LAST NAME / ADDRESS GIVEN NAMES SEX DATE OF BIRTH YOUR REF:
TEL (HOME) TEL (BUS)

TESTS REQUESTED

Fasting
Non Fasting
Pregnant
Horm Therapy
LNMP
EDC
CERVICAL CYTOLOGY
SITE Cervix
Vaginal Vault
Endometrium
Other
Post Natal
Post Menopausal
Radio Therapy
IUCD
Abnormal Bleeding
APPEARANCE Benign
OF CERVIX
Suspicious

CLINICAL NOTES SELF DETERMINED
Collection Time [] : [] Hours p.c. [] : [] Hours post dose [] : []
Fasting Non-fasting Diabetic Thyroxine R Antithyroid R
Urgent Phone Fax By Time:
Private Schedule Medicare
Vet Affairs:

CERVICAL SCREENING TEST: Practitioner Collect Self-Collect
LBC AND HPV TESTS NOT MEETING CRITERIA ARE **NOT** COVERED BY MEDICARE.
DO NOT SEND REPORTS TO MY HEALTH RECORD
DOCTOR'S SIGNATURE AND REQUEST DATE
X DATE/...../.....

COPY REPORTS TO:
HOSPITAL/WARD
Collector Declaration: I certify that I collected the accompanying sample from the above patient whose identity was confirmed by enquiry and that I labelled the sample immediately following collection. Collector's Signature X

REQUESTING PRACTITIONER (Provider No., Surname, Init., Address)

ACC STAMP

Patient status at the time of the service or when the specimen was collected
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

I refer 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. Alternatively, I authorise APP to submit my unpaid account to Medicare so that Medicare can assess my claim and issue a cheque to me, payable to the APP for the Medicare Benefit.
PATIENT SIGNATURE X DATE/...../.....

LAB USE	Collected By				Collect Date				TUBES						URINES			SWABS		
	PT	Claim Form	Pyr	AC	COLL SUBM	DV REF PAT	EDTA	CIT	SST	Plain	Fluoride	HEP	Other	Spot	24 Hr	MICRO	VIRAL	Other		
							CONTAINERS				HISTO	SLIDES			OTHER	SRA USE				
						Faeces	Semen	LBC	Other	PAP	MICRO	Other	Describe	Sign	Date	Time				

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TESTS REQUESTED
PATIENT COPY

Learn about your tests
knowpathology.com.au

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REQUESTING PRACTITIONER (Provider No., Surname, Initials, Address)

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.

CLEAR **SAVE**

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.