



St Vincent's Pathology
 ST VINCENT'S HOSPITAL SYDNEY LIMITED APA
 ABN 77 054 038 872
 Victoria Street Darlinghurst NSW 2010
 Telephone (02) 8382 9100



MEDICARE CARD NUMBER

PATHOLOGY REQUEST

PATIENT LAST NAME GIVEN NAMES SEX DATE OF BIRTH FILE No.
 PATIENT ADDRESS TEL (HOME/MOBILE) TEL (BUS)

TESTS REQUESTED

- Fasting
- Non Fasting
- Pregnant
- Weeks Pregnant:
- LNMP
- EDC

CLINICAL NOTES SD

- Cervical Screening Status:**
- Required information. Tick to specify.
- Asymptomatic
 - Symptomatic/ Specific Population Screening/Follow Up
 - Vaginal Vault
 - Follow Up on Self Collect HPV Test for Clinical Management
 - Repeat due to Unsatisfactory Tests

Lime	Gold	Blue	4,5ml EDTA	9ml EDTA	Black	Grey	Yellow	Red	Thin Prep	Cyto	Urine	Faeces	Sputum	Fluid	CSF	Bculture	Swab	Viral sw	PCR Sw	24hrU	Histo	Check by	

URGENT PHONE FAX BY TIME:
 PHONE/FAX No:
 Private Other D.B.
 VET AFFAIRS No:

DOCTOR'S SIGNATURE AND REQUEST DATE

COPY REPORTS TO:
 HOSPITAL/WARD

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

PERSON DRAWING BLOOD I certify that the blood specimen(s) accompanying this request was drawn from the patient named above and I established the identity of this patient by direct inquiry, and immediately upon the blood being drawn I labelled the specimen(s). This signature also acknowledges the collection of all other specimens.
 Date/Time
 Surname (print) _____ Signed _____

MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973) TO BE COMPLETED BY THE PERSON ASSIGNING BENEFITS FOR THE SERVICES ON THIS FORM
 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.
 Practitioners Use Only
 (reason patient cannot sign)
 Patient Signature _____

Hospital status of patient at specimen collection or date of service Yes No
 - Private patient in a private hospital or approved day hospital facility
 - Private patient in a recognised hospital
 - A public patient in a recognised hospital
 - Outpatient of a recognised hospital

PATHOLOGY REQUEST PATIENT COPY



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