

NSW HEALTH PATHOLOGY



APA 1142
SYDNEY SOUTH WEST PATHOLOGY SERVICE
 Missenden Rd, Camperdown NSW 2050



**Health
 Pathology**

Hospital site of Collection: (tick box) RPAH Concord Canterbury Lifehouse

PATIENT DETAILS Patient Identifier (MRN) Date of Birth/...../..... Sex M/F
 Surname First name
 No. and Street
 Suburb / Town Post Code Ward/Clinic
 Account Address [if different from above]

TESTS REQUESTED **URGENT: YES/NO** **FASTING: YES/NO**

CERVICAL CYTOLOGY
 Consent for PTR Yes No
 LMP:/...../.....
 Site: Cervix Vault Other
 Pregnant
 O.C.
 Post menopause
 Postnatal
 Hormones
 IUCD
 Appearance:
 Normal
 Eroded
 Suspicious
 Abnormal bleeding
 Discharge
 Other tests:
 Thin Prep
 HPV DNA

SD (Self Determined) used when approved Pathology Practitioner determines that Pathologist determinable tests are necessary

CLINICAL NOTES (include medication details e.g. current antibiotics)

Your doctor has recommended that you use **SYDNEY SOUTH WEST PATHOLOGY SERVICE**
 You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist (APP) on clinical grounds a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor.

REQUESTING PRACTITIONER DETAILS **COPY TO:**

Doctor's Surname Initials
 Address
 Phone
 DOCTORS PROVIDER NO: [] [] [] [] [] [] [] []
 SIGNATURE Fax
 Date/...../..... **Attending Medical Officer**

MEDICARE ASSIGNMENT (Section 20A of Health Insurance Act 1973) – to be completed by the patient offering to assign benefits for 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

PATIENT'S SIGNATURE **DATE**/...../.....

PRACTITIONERS USE ONLY
 (Reason patient cannot sign) **MEDICARE NUMBER** [] [] [] [] [] [] [] [] [] [] [] []
PATIENT STATUS at the time of the service or specimen collection:
 A private patient in a private hospital, or approved day hospital facility A public patient in a recognised hospital An outpatient of a recognised hospital A private patient in a recognised hospital
 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.

COLLECTION DATE: / / **TIME:** **COLLECTOR'S SIGNATURE:**

EDTA	CIT	PLAIN	HEP	FLUOR	PY EDTA	URINE SPOT 24HR EM	CSF	FAECES SPOT 3 DAY	SWAB	SPUTUM	BC	SLIDE	HIST FORMALIN FRESH	OTHER	CHECKED BY
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