

Patient Last Name	Given Names	Sex	Date of Birth	Your Patient's Ref:
Patient Address			Tel (Home)	Tel (Other)
Postcode				

Tests Requested

LABORATORY COPY

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

Clinical Notes

Collection Time

Time/Hours Post Dose

Fasting Non-Fasting Diabetic Thyroxine R Antithyroid R Pregnant Self Determined

Urgent Phone Fax By Time: _____

Phone/Fax No: _____

Private Schedule Rebate Bulk Bill

Veteran Affairs: _____

IMPORTANT

Doctor's Signature and Request Date

Global

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		

- 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

Report copy to:

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

Hospital/Ward

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

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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 Act 1973)
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.

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

Patient's Signature and Date

X.....

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 _____

- Please ensure both patient name and date of birth are complete prior to removing label.
- Remove label and attach to specimens.
- 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.:

BEND FORM TO REMOVE LABELS

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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

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

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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Patient's Signature and Date

X.....

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

Your doctor has recommended that you use Virtus Diagnostics or Queensland Fertility Group. 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.

LOCATION	ADDRESS	TEL	WEEKDAYS	SATURDAY
SPRING HILL (MAIN CLINIC)	Queensland Fertility Group Level 2 Boundary Court 55 Little Edward Street	(07) 3015 3000	6.30am - 5pm	Saturday & Sunday 7.00am - 9.00am
SPRING HILL	Queensland Fertility Group Level 3 Watkins Medical Centre 225 Wickham Terrace	(07) 3015 3195	6.30am - 5pm	7.00am - 9.00am
EVERTON PARK	Queensland Fertility Group North West Specialist Centre 125 Flockton Street	(07) 3015 3193	7am - 9.30am	N/A
GOLD COAST Benowa	Queensland Fertility Group Suite 6 Pindara Place 13 Carrara Street	(07) 5564 8455	7.30am - 9.30am	7.30am - 8.30am
MACKAY NORTH	Queensland Fertility Group Stanley House 5 Discovery Lane	(07) 4965 6500	9am - 3pm	N/A
TOOWOOMBA	Queensland Fertility Group Suite 15 Toowoomba Specialist Centre 9 Scott Street	(07) 4638 5243	8.30am - 4pm	N/A
TOWNSVILLE Hyde Park	Queensland Fertility Group Level 1 Oxford Medical Suites 18 Oxford Street	(07) 4772 8900	8am - 3.30pm	N/A

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