



Surname, Given name (including middle initials)	Sex	Date of birth	Your reference
Patient address	Phone (Home)	Phone (Work)	

Tests requested	Fasting <input type="checkbox"/> Non-fasting <input type="checkbox"/> Pregnant <input type="checkbox"/> Hormone therapy <input type="checkbox"/> LNMP Gestational age (weeks)
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Clinical notes

URGENT! <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> By time: _____ Phone/Fax no _____ Private <input type="checkbox"/> Schedule Fee <input type="checkbox"/> Bulk Bill <input type="checkbox"/> Vet Affairs no _____	PERSON COLLECTING SPECIMEN(S) TO COMPLETE: I certify I established the identity of the patient named on this request, collected and immediately labelled the accompanying specimen(s) with the patient's details. Name: _____ Signature: * COLLECTOR	<input type="checkbox"/> PRIVATE AND CONFIDENTIAL Name: _____ Address: _____	<input checked="" type="checkbox"/> IF RULE 3 EXEMPTION REQUESTING DOCTOR'S SIGNATURE AND REQUEST DATE * DOCTOR
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Copy reports to _____ Requesting Doctor (provider number, surname and initials, address) if Self Determine

Hospital code	Ward code	HOSPITAL STATUS State the patient's status at the time of service or when the specimen was collected: <input type="checkbox"/> a private patient in a private hospital <input type="checkbox"/> a private patient in a recognised hospital											
SST Tube	EDTA Tube	CIT Tube	Histo Cont	Pap Slide	ThP Thin Prep	Swab	Frozen	Dedicated EDTA Tube	Other	Pay cat	Con code	Date collected / /	Time collected :
Staff ID/Location code/Collection type (stamp)												ITEM 33407 APRIL 2017	

PATIENT ADVISORY STATEMENT
PRACTITIONER TO TICK IF SNP REQUIRED:
 Your treating practitioner has recommended that you use Sullivan Nicolaides Pathology. You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist named on this form on clinical grounds, a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor.

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. **ACCOUNT STATEMENT:**
 I understand that if any of the tests requested are not eligible for a Medicare rebate, I will receive an account, which I agree to pay in full. Patient signature and date:
 * PATIENT _____ / /
CONCESSION
 PRACTITIONER'S USE ONLY (Reason patient cannot sign):



The Medicare Benefits Schedule is managed by the Department of Health and Ageing and administered by Medicare Australia. Your rebate is the Australian government's subsidy for your tests that are included in the Schedule. If any of your tests are not covered in the Schedule you will not receive a Medicare rebate. You are expected to pay for these tests in full.

Medicare card number

PATIENT COPY

