



Surname, Given name (including middle initials) Sex Date of birth Your reference

Patient address Phone (Home) Phone (Work)

Tests requested

Fasting   
Non-fasting   
Pregnant   
Hormone therapy   
LNMP  
Gestational age (weeks)

Clinical notes

IF RULE 3 EXEMPTION

**URGENT!**  Phone  Fax  By time: \_\_\_\_\_  
Phone/Fax no \_\_\_\_\_  
Private  Schedule Fee  Bulk Bill   
Vet Affairs no \_\_\_\_\_

**PERSON COLLECTING SPECIMEN(S) TO COMPLETE:**  
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 enquiry and/or by inspection of the wrist band, and that I labelled the specimen immediately upon the blood being drawn.  
Name: \_\_\_\_\_  
Signature: \* COLLECTOR

PRIVATE AND CONFIDENTIAL  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

REQUESTING DOCTOR'S SIGNATURE AND REQUEST DATE  
\* DOCTOR

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:  a private patient in a private hospital  a private patient in a recognised hospital

SST	EDTA	CIT	Histo	Pap	ThP	Swab	Frozen	Dedicated EDTA Tube	Other
Tube	Tube	Tube	Cont	Slide	Thin Prep				
Staff ID/Location code/Collection type (stamp)									
Date collected								Time collected	
/ /								:	
ITEM 33407 FEBRUARY 2018									

**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.

**CONCESSION**  
**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 / /  
**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**

