



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

Patient address Phone (Home) Phone (Work)

Tests requested Please tick

Coronavirus PCR (asymptomatic only) or Respiratory virus and COVID-19 PCR (symptomatic only)

Additional pre-operative testing

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

Clinical notes

Symptoms present (fever, cough, sore throat, nasal stuffiness)
 Asymptomatic
 Other:

Procedure type: _____

Date of procedure: / /

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

Details must be provided below by the requesting doctor (provider number, name and address)

if Self Determine

Provider number

Referring doctor name & address

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)								Pay cat	Con code
MERIDIO 348528 APRIL 2020								Date collected	Time collected

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

Testing information

Testing cannot be performed without a valid request form. **Patients must present with a printed form.**

Practitioners

Complete the form and then either:

- Email the request form directly to the patient, who must print the form prior to arriving at the collection centre.
- Photograph the request form and 'share' it with the patient electronically via SMS, email etc. The patient must print the form prior to arriving at the collection centre.

Advise the patient to attend one of our dedicated coronavirus collection centres. Centres can be located by visiting <https://www.snp.com.au/our-locations/?P=65>

COVID-19 testing resources

Queensland Health COVID-19 information for Queensland clinicians: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/novel-coronavirus-qld-clinicians>

NSW Health updated advice for health professionals: <https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirus-update.aspx>

Northern Territory Government: <https://coronavirus.nt.gov.au/>

CDNA national guidelines for public health units: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>

