

Sullivan Nicolaides
PATHOLOGY

Quality is in our DNA

Dr M Harrison
Dr H Wordsworth
Dr L Price
Dr D Cominos
Dr N Musgrave
Dr T B Keng

Dr D Langguth
Dr J Robson
Dr N Dixon
Dr J Kencian
Dr P Kanowski
Dr K Limarporn

Dr N Buxton
Dr J Lai
Dr M Wyche
Dr D Taylor
Dr S McGahan
Dr S Arianayagam

☐ PEN

☐ HCC

Medicare number ☐ ☒ if Veterans Affairs

Office use only

LABORATORY COPY

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

☐ 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
Tube

EDTA
Tube

CIT
Tube

Histo
Cont

Pap
Slide

ThP
Thin Prep

Swab

Frozen

Dedicated EDTA Tube

Other

Staff ID/Location code/Collection type (stamp)

Pay cat

Con code

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):

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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

Learn more about your tests at Know Pathology Know Healthcare
Please visit: knowpathology.com.au

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. SULLIVAN NICOLAIDES PTY LTD, ABN 38 078 202 196, a subsidiary of Sonic Healthcare Limited APA ABN 24 004 196 909, 14 Giffnock Ave, Macquarie Park NSW 2113.

MERIDIO 306338

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