

Laboratory use only

Identify	<p><u>PATIENT DETAILS</u> UR <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></p> <p>SURNAME</p> <p>GIVEN NAMES</p> <p>DOB / / WARD GENDER</p> <p>ADDRESS</p> <p>.....</p> <p>.....</p>											<p>Patient status at the time of the service or when the specimen was collected.</p> <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>(a) a private patient in a private hospital or approved day hospital facility</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(b) a private patient in a recognised hospital</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(c) a public patient in a recognised hospital</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(d) an outpatient of a recognised hospital</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	No	(a) a private patient in a private hospital or approved day hospital facility	<input type="checkbox"/>	<input type="checkbox"/>	(b) a private patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>	(c) a public patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>	(d) an outpatient of a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>	
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Situation Background Assessment	<p><input type="checkbox"/> Urgent – contact laboratory to prioritise. Precious/irreplaceable specimen requiring confirm receipt on Phone/Pager:</p>	
	<p><u>CLINICAL DETAILS</u></p> <p style="text-align: center;">**CONFIDENTIAL**</p> <p>DO NOT SEND COPY TO WARD</p> <p>NEEDLE STICK/ BODY FLUID EXPOSURE</p> <p>Occupational Exposure</p> <p>Source UR:.....</p> <p>Unknown/Specify:.....</p>	<p>Self Determined <input type="checkbox"/></p> <p>Fasting: <input type="checkbox"/></p> <p>OCP: <input type="checkbox"/></p> <p>HRT: <input type="checkbox"/></p> <p>Pregnant: <input type="checkbox"/></p> <p>Gestation:</p> <p>Medication:</p> <p>.....</p> <p>Dosage:</p> <p>Time:</p> <hr/> <p>Histopathology - list previous biopsies including laboratory numbers</p>

Request	<p><u>TESTS REQUESTED</u></p> <p>**URGENT**</p> <p>Anti - HBs (HBPV)</p> <p>Contact Infection Control Nurse immediately when result is available.</p>	<p>Paediatric samples- list tests in order of priority.</p> <p>ANTIBIOTIC: Spot <input type="checkbox"/></p> <p>Dose: mg</p> <p>Frequency: daily BD Other</p> <p>START administration / / hour</p> <p>FINISH administration / / hour</p> <p>FIRST SAMPLE/SPOT / / hour</p> <p>SECOND SAMPLE / / hour</p>
	<p>Doctor's NAME (print) Sign Date Pager Phone Fax</p>	

<p>SPECIMEN TYPE: <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> OTHER</p> <p>I certify that I collected the specimen accompanying this request from the stated patient whose details I confirmed by direct enquiry and/or examination of their ID wristband and I labelled the specimen immediately after collection in the presence of the patient.</p> <p>SIGNED: Print SURNAME:</p> <p>Date: / / Time: hour</p>	<p>Your treating practitioner has recommended that you use Monash Pathology. You are free to choose your own pathology provider.</p> <p>However, if your treating practitioner 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 treating practitioner.</p>
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