FOSTER Needlestick Source

MonashPathology
MonashHealth (APA)

Pathology Request Form

Telephone 03 9594 4538 Facsimile 03 9594 6619

RCPA The Royal College of Pathologists of Australasia Accredited for compliance with NPAAC standards and ISO 15189 NATA

Laboratory use only

Identify

PATIENT DETAILS UR

SURNAME .....

GIVEN NAMES .....

DOB ..... / ..... / ..... WARD ..... GENDER .....

ADDRESS .....

.....

.....

Patient status at the time of the service or when the specimen was collected.

	Yes	No
(a) a private patient in a private hospital or approved day hospital facility	☐	☐
(b) a private patient in a recognised hospital	☐	☐
(c) a public patient in a recognised hospital	☐	☐
(d) an outpatient of a recognised hospital	☐	☐

Medicare number ☐☐☐☐ ☐☐☐☐☐ ☐☐ ☐ Expiry date ..... /.....

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.

.... /..... /.....
Patient's signature Date

PRACTITIONERS USE ONLY

..... (Reason patient cannot sign)

REQUESTING PRACTITIONER

Provider number: .....

SURNAME & FIRST NAME: .....

ADDRESS: .....

.....

Results and Account to:
Franwyn Jacka
Infection Control Nurse
PH: (03) 5683 9700

COPY TO

Provider number: .....

SURNAME & FIRST NAME: .....

ADDRESS: .....

.....

Situation Background Assessment

☐ **Urgent –** contact laboratory to prioritise.

Precious/irreplaceable specimen requiring confirm receipt on Phone/Pager: .....

CLINICAL DETAILS

Self Determined ☐

****CONFIDENTIAL****

DO NOT SEND COPY TO WARD
NEEDLE STICK/BODY FLUID EXPOSURE

Fasting: ☐
OCP: ☐
HRT: ☐
Pregnant: ☐
Gestation: .....
Medication: .....
.....
Dosage: .....
Time: .....

Histopathology - list previous biopsies including laboratory numbers

Request

TESTS REQUESTED

****URGENT****

Anti - HIV

HBsAG (NSS)

Anti - HCV

Contact Infection Control Nurse immediately when result is available

Paediatric samples- list tests in order of priority.

ANTIBIOTIC: ..... Spot ☐

Dose: ..... mg

Frequency: daily BD Other .....

START administration ...../...../..... ..... hour

FINISH administration ...../...../..... ..... hour

FIRST SAMPLE/SPOT ...../...../..... ..... hour

SECOND SAMPLE ...../...../..... ..... hour

Doctor's NAME (print) ..... Sign ..... Date ..... Pager ..... Phone ..... Fax .....

SPECIMEN TYPE: ☐ **BLOOD** ☐ **URINE OTHER** .....

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.

SIGNED: ..... **Print SURNAME:** .....

Date: ...../...../..... Time: ..... hour

Your treating practitioner has recommended that you use Monash Pathology. You are free to choose your own pathology provider.

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.