

Laboratory use only

Identify	<p>PATIENT DETAILS UR <input type="checkbox"/> <input type="checkbox"/></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="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>Medicare number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry date / /</p> <p>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.</p> <p>..... Patient's signature Date</p> <p>PRACTITIONERS USE ONLY</p> <p>..... (Reason patient cannot sign)</p>		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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<p>REQUESTING PRACTITIONER</p> <p>Provider number: Results and Account to: Nicky Baker</p> <p>SURNAME & FIRST NAME: Infection Prevention and Control Nurse Consultant</p> <p>ADDRESS: PH: (03) 5671 3307</p> <p>..... After Hours Health Service Coordinator PH: (03) 5671 3384</p>	<p>COPY TO</p> <p>Provider number:</p> <p>SURNAME & FIRST NAME:</p> <p>ADDRESS:</p> <p>.....</p>																
Situation Background Assessment	<p><input type="checkbox"/> Urgent – contact laboratory to prioritise. Precious/irreplaceable specimen requiring confirm receipt on Phone/Pager:</p>																
	<p>CLINICAL DETAILS</p> <p style="text-align: center; font-weight: bold;">Self Determined <input type="checkbox"/></p> <p style="text-align: center; font-weight: bold;">**CONFIDENTIAL**</p> <p style="text-align: center; font-weight: bold;">DO NOT SEND COPY TO WARD NEEDLE STICK/BODY FLUID EXPOSURE</p> <p style="text-align: right;">Fasting: <input type="checkbox"/> OCP: <input type="checkbox"/> HRT: <input type="checkbox"/> Pregnant: <input type="checkbox"/> Gestation: Medication: Dosage: Time:</p> <p style="text-align: right;">Histopathology - list previous biopsies including laboratory numbers</p>																
Request	<p>TESTS REQUESTED</p> <p>**URGENT**</p> <p>Anti - HIV</p> <p>HBsAg (NSS)</p> <p>Anti-HCV</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>															