FOSTER	Needlestick	Source
--------	-------------	--------



Monash Health Pathology (APA)

## Pathology Request Form Telephone 03 9594 4538 Facsimile 03 9594 6619



Laboratory use only

Identify	PATIENT DETAILS UR	or who (a) a p or a (b) a p (c) a p (c) a p (d) an Medic number I offer to who will determi PRACTI		
S		le speci	imen requiring confirm receipt on Phone/Pager:	
uation Background Assessment	CLINICAL DETAILS **CONFIDENTIAL** DO NOT SEND COPY TO WARD NEEDLE STICK/ BODY FLUID EXPOSURE		Self Determined  Fasting:    OCP:  Image: Comparison of the second	
	TESTS REQUESTED **URGENT**		Paediatric samples- list tests in order of priority.	
Anti - HIV HBsAG (NSS) Anti - HCV Contact Infection Control Nurse immediately what available		ANTIBIOTIC:		
SPEC				
SPECIMEN TYPE:  BLOOD  URINE OTHER  Vour treating practitioner has recommended that you use    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.  Your treating practitioner has recommended that you use    SIGNED:  Print SURNAME:  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.				