

ORCPA



Monash Health Pathology (APA) Pathology Request Form
Telephone 03 9594 4538 Facsimile 03 9594 6619

Laboratory use only							
				P	Patient status at the time of the service Yes No		
Identify	PATIENT DETAILS UR			(a	or when the specimen was collected. (a) a private patient in a private hospital or approved day hospital facility		
	SURNAME				(b) a private patient in a recognised hospital (c) a public patient in a recognised hospital		
	GIVEN NAMES				(d) an outpatient of a recognised hospital Expiry of Expiration Expiration Expiration Expiration Expiration Expiration Expiration Expiration Expiration Expiring Expiration E	date	
	DOB / WARD GENDER				umber		
	ADDRESS				offer to assign my right to benefits to the approved pathology practitioner rho will render the requested pathology service(s) and any eligible pathologis eterminable service(s) established as necessary by the practitioner.	st	
					Patient's signature Date		
					PRACTITIONERS USE ONLY (Reason patient cannot sign)		
	REQUESTING PRACTITIONER				COPY TO		
	Provider number: Results and Account to: SURNAME & FIRST NAME: Director of Nursing				Provider number:		
	ADDRESS: Ph. 0419 921 908				SURNAME & FIRST NAME:		
	AH hours - Exec on-call (03) 5667 5555						
Situ	☐ Urgent — contact laboratory to prioritise. Precious/irreplaceable specimen requiring confirm receipt on Phone/Pager:						
ation	CLINICAL DETAILS	***	TOTAL	4 4	Self Determined Fasting:		
	CONFIDENTIAL				OCP: HRT:		
Background	DO NOT SEND COPY TO WARD				Pregnant: Gestation:		
grou	NEEDLE STICK/ BODY FLUID EXPOSURE				Medication:		
Ind					Dosage:		
Ass		Time:					
ess		Histopathology - list previous biopsie	25				
essment					including laboratory		
	Let come to the base of the come.				Paediatric samples- list tests in order of priority.		
Request	TESTS REQUESTED **URGENT**				ANTIBIOTIC:		
	A C 1107				Dose: mg		
	Anti - HIV				Frequency: daily BD Other		
	HBsAg (NSS)				START administration/ho		
	Anti-HCV				FINISH administration/ hour		
	Contact Infection Control Nurse immediately when result				FIRST SAMPLE/SPOT/hour		
	is available				SECOND SAMPLE/ ho	our	
		CS.68	11		Pager Phone Fax)	
SPECIMEN TYPE: BLOOD URINE OTHER							
stated	stated patient whose details I confirmed by direct enquiry and/or examination of their ID wristband and I labelled the specimen immediately after collection				Monash Health Pathology. You are free to choose your opathology provider.		
in the	in the presence of the patient.				However, if your treating practitioner has specified a particupathologist on clinical grounds, a Medicare rebate will only		
SIGNED: payable if that pathologist performs the service. You should discuss this with your treating practitioner.							