LEONGATHA Needlestick Source



Pathology Request Form Telephone 03 9594 4538 Facsimile 03 9594 6619

ORCPA



Laboratory use only					
		W-10-E	O POST TOWN ON THE STATE OF THE		
	PATIENT DETAILS UR	Patient status at the time of the service or when the specimen was collected. (a) a private patient in a private hospital or approved day hospital facility (b) a private patient in a recognised hospital			
	SURNAME		(c) a public patient in a recognised hospital		
Identif	GIVEN NAMES		(d) an outpatient of a recognised hospital Expiry date		
	DOB / WARD GENDER		number/		
	ADDRESS		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		
Y			PRACTITIONERS USE ONLY		
	REQUESTING PRACTITIONER		COPY TO (Reason patient cannot sign)		
	Provider number: Results and Account to:		Provider number:		
	SURNAME & FIRST NAME: Director of Nursing		SURNAME & FIRST NAME:		
	ADDRESS: Ph. (03) 5667 5664		ADDRESS:		
	AH hours - Exec on-call (03) 5667 5555				
Situation	☐ Urgent — contact laboratory to prioritise. Precious/irreplaceable specimen requiring confirm receipt on Phone/Pager:				
atio	CLINICAL DETAILS **CONFIDENTIAL **		Self Determined Fasting:		
11-2-	**CONFIDENTIAL**	OCP: HRT:			
3ack	DO NOT SEND COPY TO WARD NEEDLE STICK/ BODY FLUID EXPOSURE Pregnant: Gestation: Medication:				
Giro				Medication:	
und				Dosage:	
As	The state of the s			Time:	
(a)				Histopathology -	
essment				list previous biopsies	
ent	including laborato numbers				
	TESTS REQUESTED **URGENT**		Paediatric samples- list tests in order of priority.		
			ANTIBIOTIC: Spot		
Request	Anti - HIV		Dose: mg		
			Frequency: daily BD Other		
	HBsAg (NSS)		START administration/ hour		
	Anti - HCV		FINISH administration/hour		
	Contact Infection Control Nurse immediately when result is available		FIRST SAMPLE/SPOT/ hour		
			SECOND SAMPLE/ hour		
	Doctor's NAME (print) Sign Date Pager Phone Fax			Fax	
SPECIMEN TYPE: BLOOD URINE OTHER					
stated patient whose details I confirmed by direct enquiry and/or examination			Monash Health Pathology. You are free to choose your own pathology provider.		
of their ID wristband and I labelled the specimen immediately after collection in the presence of the patient.			However, if your treating practitioner has specified a particular		
SIGNED: Print SURNAME:			pathologist on clinical grounds, a Medicare rebate will only be payable if that pathologist performs the service. You should		
Date:/					