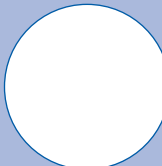


Laboratory use only

Identify	PATIENT DETAILS UR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>										Patient status at the time of the service or when the specimen was collected. <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>(a) a private patient in a private hospital or approved day hospital facility</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(b) a private patient in a recognised hospital</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(c) a public patient in a recognised hospital</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(d) an outpatient of a recognised hospital</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			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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SURNAME GIVEN NAMES DOB / / WARD GENDER ADDRESS		Medicare number <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> 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:		COPY TO Provider number: SURNAME & FIRST NAME: ADDRESS:																										
Situation <input type="checkbox"/> Urgent – contact laboratory to prioritise.		Precious/irreplaceable specimen requiring confirm receipt on Phone/Pager:																										
Background Assessment	CLINICAL DETAILS		Self Determined <input type="checkbox"/>		Fasting: <input type="checkbox"/> OCP: <input type="checkbox"/> HRT: <input type="checkbox"/> Pregnant: <input type="checkbox"/> Gestation: Medication: Dosage: Time: Histopathology - list previous biopsies including laboratory numbers																							
Request	TESTS REQUESTED		Paediatric samples- list tests in order of priority.																									
			ANTIBIOTIC: Spot <input type="checkbox"/> 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: <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> 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.																									

Result Enquiries 9594 4538

Clinical Consultation

Anatomical Pathology & Cytology

Prof. Beena Kumar

9594 3500

Biochemistry

Assoc. Prof. Zhong Lu

9594 4525

Genetics

Prof. Beena Kumar

9594 3500

Haematology

Assoc. Prof. Sanjeev Chunilal

9594 4366

Infectious Diseases

Prof. Tony Korman

9594 4564

Microbiology

Prof. Tony Korman

9594 4564

COLLECTION CENTRE	ADDRESS	TELEPHONE	HOURS
CLAYTON	Monash Medical Centre Public Pathology collection rooms 246 Clayton Road, Clayton	03 9594 2383	Monday to Friday 8:30am - 5:00pm
	Jessie McPherson Private Hospital Private Consulting Suites, Suite G 246 Clayton Road, Clayton	03 9594 2469	Monday to Friday 8:00am - 6:00pm Saturday 8:00am - 2:00pm
	Monash Children's Hospital 246 Clayton Road, Clayton	03 8572 3081	Monday to Friday 8:30am - 5:00pm
	Victorian Heart Hospital 631 Blackburn Road, Clayton	03 7511 1230	Monday to Friday 8:00am - 5:00pm Saturday 8:00am - 2:00pm
BERWICK	Casey Hospital 62 – 70 Kangan Drive, Berwick	03 8768 1442	Monday to Friday 8:00am - 5:00pm
	Berwick Healthcare 76 Clyde Road, Berwick	03 9792 8021	Monday to Friday 8.30am - 5.00pm
COWES	Phillip Island Health Hub 50-54 Church Street, Cowes	03 5951 2120	Monday to Friday 8:00am - 4:00pm Saturday 8:00am - 12:00 noon
CRANBOURNE	Cranbourne Centre 140 – 154 Sladen Street, Cranbourne	03 5990 6176	Monday to Friday 8.30am – 5.00pm Saturday 9.00am – 1.00pm
DANDENONG	Dandenong Hospital 135 David Street, Dandenong	03 9554 1901 03 9554 1902	Monday to Friday 8:00am - 6:00pm Saturday & Sunday 8:00am – 12.00 noon
	Monash Health Community 122 Thomas Street, Dandenong	03 9792 7854	Monday to Friday 8.30am – 5.00pm
	Monash Women's Clinic 135 David Street, Dandenong	03 9792 8003	Monday to Friday 8.30am - 5.00pm
FOSTER	South Gippsland Hospital 87 Station Road, Foster	03 8572 2120	Monday to Friday 8.00am - 2.30pm
KORUMBURRA	Korumburra Hospital 65 Bridge Street, Korumburra	03 5654 2799	Monday to Friday 8.00am - 3.00pm
LEONGATHA	Leongatha Hospital 66 Koonwarra Road, Leongatha	03 5667 5573	Monday to Friday 8.00am – 4.00pm Saturday 9.00am – 11.00am
MOORABBIN	Moorabbin Hospital 823 – 865 Centre Road, Bentleigh East	03 9928 8178	Monday to Friday 8:00am – 5:00pm
PAKENHAM	Pakenham Health Centre Henty Way, Pakenham	03 5941 0526	Monday to Friday 8.30am - 5.00pm Saturday 8.00am – 12.00 noon
SPRINGVALE	Greater Dandenong Community Health Service 55 Buckingham Avenue, Springvale	03 8558 9012	Monday to Friday 8:00am - 4.30pm
WONTHAGGI	Wonthaggi Hospital 235 Graham Street, Wonthaggi	03 5671 3292	Monday to Friday 8:30am - 5:00pm Saturday 8.30am – 10.30am Sunday 8.00am – 12.00 noon
YARRAM	Yarram & District Health Service 85-91 Commercial Road, Yarram	03 5182 0360	Monday to Friday 8:00am - 2:30pm

PLEASE NOTE:

- **OPENING TIMES ARE SUBJECT TO CHANGE. CONTACT THE CENTRE OR GO TO monashpathology.org FOR UP TO DATE DETAILS.**
- **SERVICE REDUCTIONS MAY APPLY ON PUBLIC HOLIDAYS.**

Privacy Note: The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by the provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health or to a person in the medical practice associated with this claim, or as authorised/required by law.

MONASH PATHOLOGY REQUEST MINIMUM REQUIREMENTS

1. Patient Identification

Request forms and specimens must be labelled with at least 3 patient identifiers:

- Surname and first name in full with correct spelling
- Date of birth
- At least one of the following - Monash Health UR number, Address, Gender

2. Date and time of Collection

3. Specimen and request form must be signed by the specimen collector

**REQUESTS WILL NOT BE ACCEPTED UNLESS ALL OF THE ABOVE ARE PRESENT.
THIS INFORMATION IS NECESSARY FOR THE SAFETY OF THE PATIENT.**