## **WONTHAGGI Needlestick Recipient**



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

**O**RCPA



Laboratory use only					
	PATIENT DETAILS UR  SURNAME	(a) a proor a (b) a proof (c) a pro	en the specimen was collected. rivate patient in a private hospital pproved day hospital facility rivate patient in a recognised hospital ublic patient in a recognised hospital	es No	
Identify	GIVEN NAMES	Medic	outpatient of a recognised hospital  are	Expiry date	
	I DUB / VVARD GENUER	number I offer to who will determine	o assign my right to benefits to the approvent render the requested pathology service(snable service(s) established as necessary	ed pathology practitioner s) and any eligible pathologist by the practitioner.	
		PRACTI	Patient's signature TIONERS USE ONLY	Date	
			OPY TO_		
	Provider number: Results and Account to:		Provider number:		
	SURNAME & FIRST NAME: Infection Prevention Nurse	SUR	NAME & FIRST NAME:		
	ADDRESS: Ph. (03) 5671 3307 AH hours - Health Service Coordinator (03) 5671		RESS:4		
Situ	☐ Urgent — contact laboratory to prioritise. Precious/irreplaceable specimen requiring confirm receipt on Phone/Pager:				
uation	CLINICAL DETAILS  **CONFIDENTIAL**		Self Determined	Fasting:	
Background	DO NOT SEND COPY TO WARD NEEDLE STICK/ BODY FLUID EXPOSURE  Pregnant: Gestation: Medication:			HRT:	
Ass	Source UR:				
essment	Unknown/Specify:		Account type Bill payer WIP Wonbill1	Histopathology - list previous biopsies including laboratory numbers	
	TESTS REQUESTED		Paediatric samples- list tests in order of priority.		
			ANTIBIOTIC: Spot		
	**URGENT**		Dose: mg		
Request	Anti - HBs (HBPV)  Contact Infection Control Nurse immediately when result is available.		Frequency: daily BD Other		
			START administration/ hour		
			FINISH administration/hour		
			FIRST SAMPLE/SPOT/hour		
			SECOND SAMPLE/	/ hour	
	Doctor's NAME (print) Sign Date	e	Pager Phone	Fax	
SPECIMEN TYPE: BLOOD URINE 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:  Detail of the print survival in the presence of the patient.  Print survival in the presence of the patient.  But the print survival in the presence of the patient.  Print survival in the presence of the patient.  But the print survival in the presence of the patient.  Print survival in the presence of the patient.  But the print survival in the presence of the patient.  But the print survival in the presence of the patient.  Print survival in the presence of the patient.  But the print survival in the presence of the patient.  But the print survival in the presence of the patient.  But the print survival in the presence of the patient.  But the print survival in the presence of the patient.  But the print survival in the presence of the patient.  But the print survival in the presence of the patient.  But the print survival in the presence of the patient.  But the print survival in the print survival in the print survival in the presence of the patient.  But the print survival in the print				has specified a particular dicare rebate will only be the service. You should	
Date:	Date:/				