## **WONTHAGGI Needlestick Source**



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





Laboratory use only				
Identify	PATIENT DETAILS UR	or wh (a) a p	en the specimen was collected.  private patient in a private hospital approved day hospital facility	es No
	SURNAME	(c) a p	(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  Medicare Expiry date	
	IDOB / / WARD GENDER		o assign my right to benefits to the approve	ed pathology practitioner
	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	
		1.1.0.1.0.1	PRACTITIONERS USE ONLY (Reason patient cannot sign)	
	REQUESTING PRACTITIONER		<u>COPY TO</u>	
	Provider number: Results and Account to: SURNAME & FIRST NAME: Infection Prevention Nurse		Provider number:	
	ADDRESS: Ph. (03) 5671 3307	5.50	ADDRESS:	
	AH hours - Health Service Coordinator (03) 5671 3384			
Situ	☐ Urgent — contact laboratory to prioritise. Precious/irreplacea	ble spec	imen requiring confirm receipt on Ph	hone/Pager:
Situation	CLINICAL DETAILS		Self Determined	Fasting:
10000	**CONFIDENTIAL**		OCP: HRT:	
Background	DO NOT SEND COPY TO WARD			Pregnant: Gestation:
gro	NEEDLE STICK/ BODY FLUID EXPOSURE		Medication:	
Ind				Dosage:
Ass	Time:			
ess			<b>. .</b>	Histopathology - list previous biopsies
essment			Account type Bill payer WIP Wonbill1	including laboratory numbers
Request	TESTS REQUESTED **URGENT**		Paediatric samples- list tests in order of priority.	
			ANTIBIOTIC: Spot	
	Anti - HIV		Dose: mg	
	HBsAg (NSS)		Frequency: daily BD Other	
	Anti-HCV		START administration/ hour	
	Contact Infection Control Nurse immediately when result available		FINISH administration/ hour	
			SECOND SAMPLE/ hour	
	Doctor's NAME (print) Sign Date Pager Phone Phone			
SPECIMEN TYPE: BLOOD LIPINE OTHER				
I certify that I collected the specimen accompanying this request from the stated nation 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.			pathology provider.  However, if your treating practitioner has specified a particular	
	ED: Print SURNAME:	pathologist on clinical grounds, a Medicare rebate will only be payable if that pathologist performs the service. You should		
Date:/				