YARRAM Needlestick Recipient



Pathology Request Form Telephone 03 9594 4538 Facsimile 03 9594 6619

ORCPA



Laboratory use only		
Identify	SURNAME	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 (c) a public patient in a recognised hospital (d) an outpatient of a recognised hospital
	GIVEN NAMES	Medicare Expiry date
	DOB / WARD GENDER	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	COPY TO_
	Provider number: Results and Account to:	Provider number:
	SURNAME & FIRST NAME: Infection Prevention Nurse	SURNAME & FIRST NAME:
	ADDRESS: Ph. (03) 5671 3307, 0409 935 506 AH hours - Grade 5 RN (03) 5182 0205	ADDRESS:
Ö		le specimen requiring confirm receipt on Phone/Pager:
tuati	CLINICAL DETAILS	Self Determined Fasting:
on	**CONFIDENTIAL**	OCP:
Background Asse	DO NOT SEND COPY TO WARD	HRT: Pregnant:
	NEEDLE STICK/ BODY FLUID EXPOSURE	Gestation: Medication:
	Occupational Exposure	Dosage:
	Source UR:	Histopathology -
essment	Unknown/Specify:	Account type Bill payer YIP YARRAM1 list previous biopsies including laboratory numbers
	TESTS REQUESTED	Paediatric samples- list tests in order of priority.
Request		ANTIBIOTIC: Spot
	URGENT	Dose: mg
		Frequency: daily BD Other
	Anti - HBs (HBPV)	START administration/ hour
	Contact Infection Control Nurse immediately	FINISH administration/hour
	when result is available.	FIRST SAMPLE/SPOT/hour
		SECOND SAMPLEhour
Doctor's NAME (print)		
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: Your treating practitioner has recommended that you use Monash Health 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		
Date: / Time: hour discuss this with your treating practitioner		