Pathology Queensland

Queensland Government

Patient Details

HOSPITAL

SEX M F | UR PREFIX | UR NO | DATE OF BIRTH (D D M M Y Y Y Y) | GENDER

PATIENT SURNAME (Please print or place sticker on this area) PATIENT FIRST NAME

PATIENT ADDRESS CONTACT NO

Medicare Details

Patient status at the time of the service or when specimen collected (please tick) Yes

- Private patient in a private hospital or approved day hospital facility
- Private patient in a recognised hospital
- Public patient in a recognised hospital
- Outpatient at a recognised hospital
- Bulk Bill Rural & Remote COAG

MEDICARE NUMBER

HEALTH FUND NAME EXP

VETERANS AFFAIRS IRN

PHLEBOTOMY USE ONLY

Assignment Date: .....

Assignment Type?
Pre ☐ Post ☐

Is the assignor the patient?
Yes ☐ No ☐

Indigenous status
Aboriginal TSI Both Non-Indigenous Not stated

MEDICARE ASSIGNMENT FORM (Section 20A of the Health Insurance Act 1973) I offer to assign my rights 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 Signature X Date / /

PRACTITIONERS USE ONLY (Reason patient cannot sign)

Collector

I certify that I collected the accompanying specimen from the above patient whose identity was confirmed by enquiry and/or examination of their name band and that I labelled the specimen immediately following collection and before leaving the patient.

SURNAME OF COLLECTING PERSON (Please print) INITIALS

Signature: Date Collected / / Time Collected AM PM

Collection Details

COLLECTION CODE		CONTAINERS COLLECTED (No of Tubes)					
Path QLD Collect Inpatient		EDTA		LHEP		FL OX	
Path Qld Collect Outpatient		SST		EDTA BBANK		URINE	
Ward Collect ☐ Self Collect		RST		BL Culture		SWAB	
Self Collect Assist		CITRATE		ABG		HISTO	
Others							
Patient Fasting							
PEI		OTHER					

REC'D TIME INITIALS

Doctor and patient MUST date & sign form

Your doctor has recommended that you use Pathology Queensland. You are free to choose your own pathology provider. However, if your doctor 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 doctor.

V140210PR

DOCTORS: Please complete ALL relevant areas in the green section

PRIVATE REQUEST FORM LAB NO

WARD/CLINICAL UNIT LAB USE ONLY

Request Details

TEST REQUESTED

CLINICAL NOTES/MEDICATIONS GESTATIONAL AGE K=

Not for My Health Record ☐

MEDICARE ELIGIBLE PATIENT

Requesting Officer

CONSULTANT/SENIOR MEDICAL OFFICER SURNAME (Please print) INITIALS

SURNAME OF REQUESTING OFFICER (Please print) AUSLAB CODE

FIRST NAME PROVIDER NUMBER

Requesting Doctor's Signature X Date Requested / / Self Determine ☐

URGENT ☐ TEL ☐ PAGE ☐ FAX ☐ CONTACT NO

Copy

COPY REPORT TO: SURNAME (Please print) INITIALS

COPY REPORT TO ADDRESS