

PATIENT SURNAME	GIVEN NAME(S)	SEX	DATE OF BIRTH	YOUR REFERENCE
PATIENT ADDRESS	POSTCODE	TEL (HOME)		TEL (BUS / MOBILE)

TESTS REQUESTED

CLINICAL NOTES

Fasting

Non Fasting

Pregnant

Horm Therapy

LNMP

EDC

TO SEND REQUEST

Print and fax to:
(02) 9855 5609

or

Download and email to:
pathologyrequest@dhm.com.au

EMERGENCY PHONE FAX BY TIME: _____

PHONE/FAX No.: _____

PRIVATE SCHEDULE MEDICARE

VETAFFAIRS/WORK COMP No.: _____

PRACTITIONER'S SIGNATURE AND REQUEST DATE

X NO SIGNATURE REQUIRED FOR TELEHEALTH / /

COPY REPORTS TO: _____ REFERRING PRACTITIONER (PROVIDER NUMBER, NAME, ADDRESS)

HOSPITAL / WARD _____

COLLECTION				
LOCATION	INITIALS			
C	D	N	H	DR
DATE	TIME			

Practitioner's Use Only (Reason for Patient unable to sign)

Self Determined

Hospital status of patient at specimen collection or date of service

Private patient in a private hospital	Yes	No
or approved day hospital facility	<input type="checkbox"/>	<input type="checkbox"/>
Private patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
Public patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient of a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>

PATIENT'S SIGNATURE AND DATE

By this declaration I assign my right to benefits to the Approved Pathology Practitioner who will render the requested pathology services.

X _____ / /

Specimen/s checked by Patient Initial.....

I certify that I collected these samples from the named patient as per company protocol and I labelled the samples immediately.

Signed

TUBES				URINE				SWABS				SLIDES		CONTAINERS			FROZEN	OTHER					
GEL	PLAIN	EDTA	EDTA 6mL	GLUC	CITRATE	HEPARIN	BACTO	CYTO	24 HR	PCR	OTHER	ORANGE	BLUE	RED	YELLOW	BACTO	CYTO	FAECES	SEMEN	HISTO		DESCRIBE	

14 GIFFNOCK AVENUE, MACQUARIE PARK, NSW 2113, AUSTRALIA | Douglass Hanly Moir Pathology Pty Limited ABN 80 003 332 858, a subsidiary of Sonic Healthcare Limited ABN 24 004 196 909 APA 906

MEDICARE CARD NUMBER

Initial.....

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PATIENT COPY

National Cancer Screening Register (NCSR)
 The National Cancer Screening Register (NCSR) is an 'opt out' register. Pathology laboratories can no longer act on 'not for register' instructions on the pathology request form. Patients who wish to alter their consent status must contact the register directly on 1800 627 701.

Your doctor has recommended that you use Douglass Hanly Moir Pathology. 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.