PATHOLOGY SOUTH
ROYAL HOBART HOSPITAL

A.P.A. **ROYAL HOBART HOSPITAL**
48 LIVERPOOL STREET, HOBART 7000
ABN 15 359 196 040
www.pathologysouth.com.au

MEDICARE OR DVA NUMBER

PH 6166 0150
FAX 6234 9815
RESULTS LINE 6166 0151

Visit ***www.labtestsonline.org.au*** if you would like to know more about your lab tests.

SURNAME	MR, MRS, MISS, MS, DR	SEX	DATE OF BIRTH	YOUR REFERENCE

ADDRESS	TEL (HOME)	TEL (BUS)

TESTS REQUESTED

LABORATORY COPY

I certify that the pathology specimen accompanying the request was collected from the patient stated above as established by direct enquiry and/or inspection of wristband.

Signed ..... / / .....
Person Collecting Specimen *Specimen Date & Time* *Hours*

CLINICAL NOTES

- Fasting
- Non Fasting
- Pregnant
- Horm Therapy
- LMP
- EDC
- CERVICAL SCREENING
- SITE Cervix
- Other
- Self-collected
- ROUTINE SCREENING
- FOLLOW UP TEST
- SYMPTOMATIC PATIENT
- TEST OF CURE
- Post Natal
- Post Menopausal
- Radiotherapy
- IUCD
- APPEARANCE OF CERVIX
- Benign
- Suspicious

☑ Bulk Bill
☐ SD
☐ Rule 3 Exemption

Your doctor has recommended that you use* PATHOLOGY SOUTH*. You are free to choose your own pathology provider. However, if your doctor has a 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.

☐ *Tick box if this testing must be referred to the Approved Pathology Practitioner (APP) named above on clinical grounds.*

URGENT ☐ PHONE ☐ FAX ☐ BY TIME

PHONE/FAX No.
P ☐ FX ☐ M ☐

VET AFFAIRS

DOCTOR'S SIGNATURE & REQUEST DATE

X ..... / / .....

COPY REPORTS TO

☐ *I do NOT consent to inclusion of these results in my Tasmanian Public Hospital medical record.*

REQUESTING DOCTOR (SURNAME, INITIALS, ADDRESS & PROVIDER No.)

To Drs
J. Burgess
A. Sharma
V. Murdolo
U. Ray
L. Cooley

Hospital status of patient at specimen collection or date of service

	yes	no
Private patient in a private hospital or approved day hospital facility	☐	☐
Private patient in a recognised hospital	☐	☐
Public patient in a recognised hospital	☐	☐
Outpatient of a recognised hospital	☐	☐

MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973)
I assign my right to benefits to the approved pathology practitioner *who will render the requested pathology service(s).*

PRACTITIONER'S USE ONLY .....
(Reason Patient Cannot Sign)

PATIENTS SIGNATURE/DATE

X _____ / /
Signature

EDTA	SST	Grey	Blue	ESR	Green
White	ACD Yellow	Urine	Faeces	Swab	Other

DATE:	DATE:	DATE:
TIME:	TIME:	TIME:
NAME:	NAME:	NAME:
PT I.D.:	PT I.D.:	PT I.D.:
D.O.B.:	D.O.B.:	D.O.B.:
PULL ←	PULL ←	PULL ←

BEND TO REMOVE LABEL

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Outpatient of a recognised hospital	☐	☐

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PATIENTS SIGNATURE/DATE

X _____ / /
Signature

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Patient Information

Glucose Tolerance Test (GTT) collections are by appointment only, please call 6166 0150. Please note this is a fasting test.

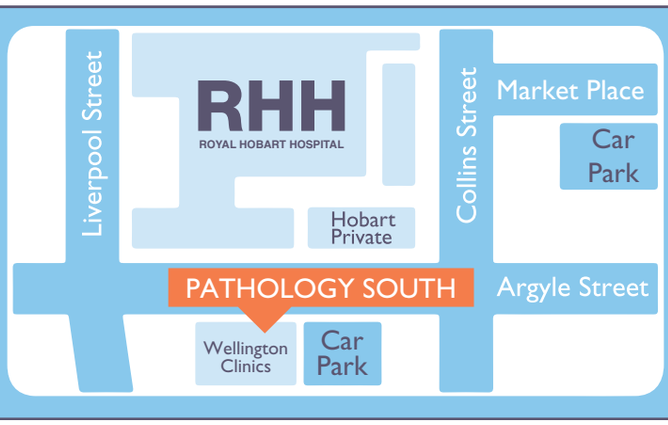
If your doctor has verbally indicated or written fasting on your request form, you must adhere to the following:

- No food is to be consumed (including chewing gum) for 8-15 hours prior to your specimen being collected.
- Plain water only may be consumed during the fasting period.

For children aged under 5 years please contact the RHH Paediatric Outpatient Clinic on 6166 6776 to arrange an appointment.

www.pathologysouth.com.au

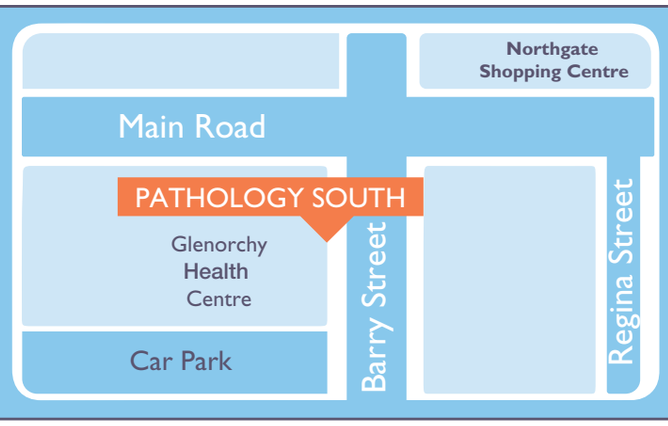
Collection Centres



Hobart

Royal Hobart Hospital Wellington Clinics
Level 2, 42 Argyle Street

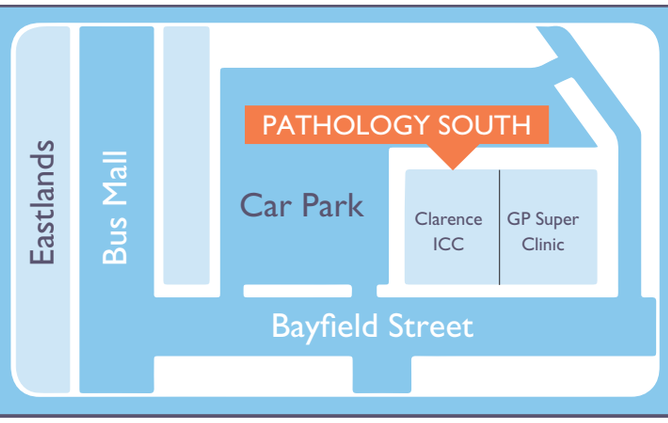
Mon-Fri: 8am-5pm
Sat: 8am-12pm
Phone: 6166 0150
Fax: 6234 9815



Glenorchy

Glenorchy Health Centre
404-408 Main Road

Mon-Fri: 8am-4pm
Phone: 6166 0150
Fax: 6173 0338



Rosny

Clarence Integrated Care Centre
16 Bayfield Street

Mon-Fri: 8am-12.30pm & 1pm-4pm
Phone: 6166 0150
Fax: 6282 0748

"**Privacy Note:** The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs, and maybe used to update enrolment records. Its collection is authorised by provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health and Ageing or to a person in the medical practice associated with this claim, or as authorised/required by law."