

Lab. No.	WARD/UNIT	U.R.N.																									
REQUEST DATE:	TIME/DATE OF COLLECTION:	SURNAME D.O.B.																									
COLLECTED BY:	SAMPLE TYPE:	OTHER NAMES GENDER <input type="checkbox"/>																									
TESTS REQUESTED:		ADDRESS																									
		Was or will the patient be, at the time of the service or when the specimen was obtained:												<table border="1" style="font-size: small;"> <tr><td>Y</td><td>N</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Y	N									Gel	
Y	N																										
		URGENT <input type="checkbox"/>														EDTA											
CLINICAL NOTES INCLUDING DRUG THERAPY:		SELF DETERMINED <input type="checkbox"/> RULE 3 EXEMPTION <input type="checkbox"/> BULK BILL <input checked="" type="checkbox"/>														Grey											
		Medicare No.														Blue											
		or DVA No.														ESR											
REQUESTING DOCTOR		Copies Required/Reports to be sent to:														Green											
SIGNATURE:																White											
DATE:																Urine											
SURNAME: INITIALS:																Faeces											
ADDRESS:																Swab											
PROVIDER No.:																Other											
		<input type="checkbox"/> I do NOT consent to inclusion of these results in my Tasmanian Public Hospital medical record.																									

Your doctor has recommended that you use **PATHOLOGY SOUTH**. 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.

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

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

<i>Practitioner's Use Only</i>	<i>(Reason patient cannot sign)</i>	Patient's Signature and Date Medicare Assignment (Section 20A of the Health Insurance Act 1973). By this declaration I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s).
--------------------------------	-------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 may be 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."

Patient Information

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

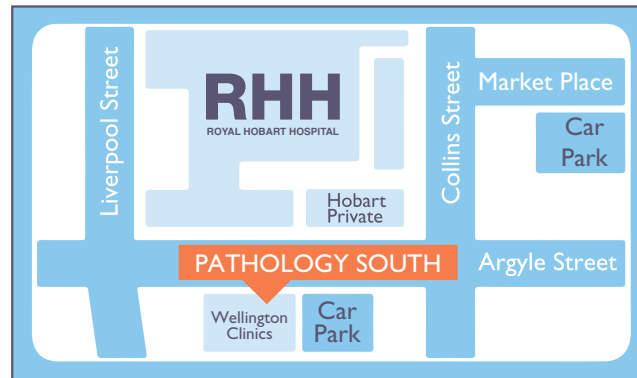
If your doctor has verbally indicated or written fasting on your request form, you must adhere to the following:

- 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.

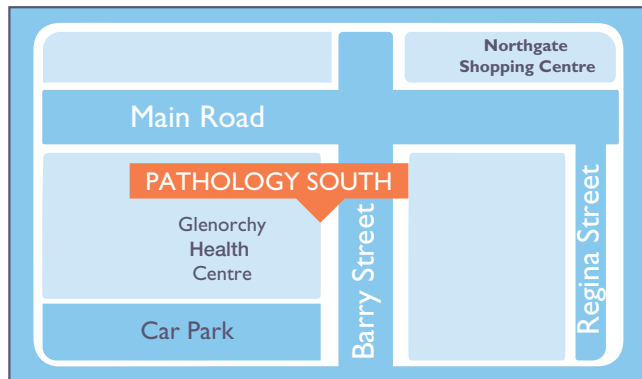
www.pathologysouth.com.au

Hobart Royal Hobart Hospital Wellington Clinics • Level 2, 42 Argyle Street



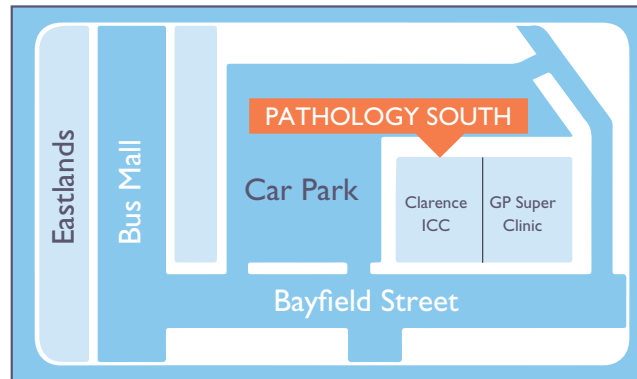
Mon-Fri: 8am-5pm **Sat:** 8am-12pm **Phone:** 6166 0150 **Fax:** 6234 9815

Glenorchy Glenorchy Health Centre • Barry Street



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