PATHOLOGY SOUTH
ROYAL HOBART HOSPITAL

RHH

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

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

PH 6166 0150
FAX 6234 9815
RESULTS LINE: 6166 0151

Lab. No.

WARD/UNIT

U.R.N.

REQUEST DATE:

TIME/DATE OF COLLECTION:

COLLECTED BY:

SAMPLE TYPE:

SURNAME ..... D.O.B. .....

OTHER NAMES ..... GENDER

LABEL

ADDRESS .....

.....

TESTS REQUESTED:

URGENT ☐

Was or will the patient be, at the time of the service or when the specimen was obtained:

	Y	N
(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 in a recognised hospital.	☐	☐

CLINICAL NOTES INCLUDING DRUG THERAPY:

abc

SELF DETERMINED ☐
RULE 3 EXEMPTION ☐
BULK BILL ☐

Medicare No.

or DVA No.

Copies Required/Reports to be sent to:

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

Gel ☐
EDTA ☐
Grey ☐
Blue ☐
ESR ☐
Green ☐
White ☐
Urine ☐
Faeces ☐
Swab ☐
Other ☐

REQUESTING DOCTOR Date .....

Prov #: ☐☐☐☐☐☐☐☐

Name: .....

Address: .....

Signature: .....

Urgent Phone No: ..... Fax No: .....

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, L. Cooley

Practitioner's Use Only

(Reason patient cannot sign)

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

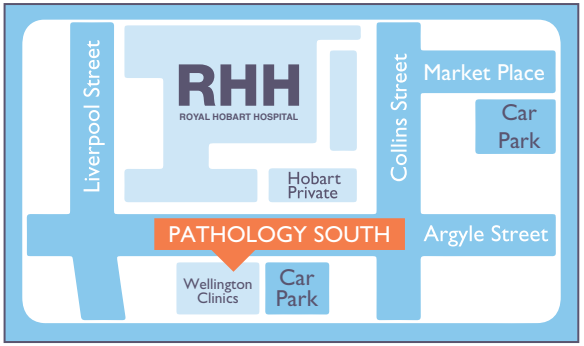
Glucose Tolerance Test (GTT) collections are by appointment only, please call 6166 0150. Please note this is a fasting test.
If your doctor has verbally indicated or written fasting on your request form, you must adhere to the following:

- 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.

www.pathologysouth.com.au

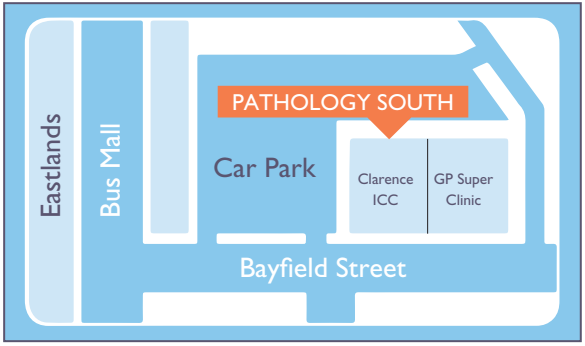
For children aged under 5 years please contact the RHH Paediatric Outpatient Clinic on 6166 6776 to arrange an appointment.

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



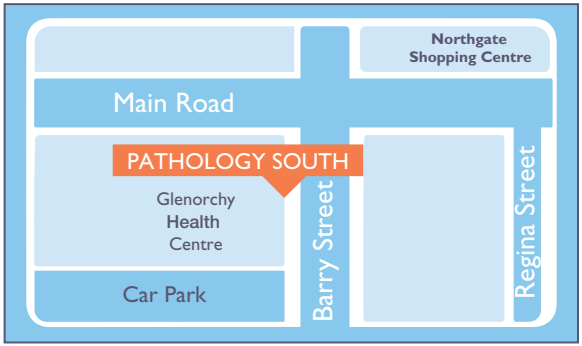
Mon-Fri: 8am-5pm **Sat:** 8am-12pm **Phone:** 6166 0150 **Fax:** 6234 9815

Rosny
Clarence Integrated Care Centre • 16 Bayfield Street



Mon-Fri: 8am-12:30pm & 1pm-4pm **Phone:** 6166 0150 **Fax:** 6282 0748

Glenorchy
Glenorchy Health Centre • 404-408 Main Road



Mon-Fri: 8am-12:30pm & 1pm-4pm **Phone:** 6166 0150 **Fax:** 6173 0338

Kingston
Kingston Health Centre • 6 Goshawk Way

Mon-Fri: 8am-12:30pm & 1pm-4pm **Phone:** 6166 0150 **Fax:** 6173 0827