

Visit [www.labtestsonline.org.au](http://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)

# LABORATORY COPY

- 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

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

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 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

Private patient in a private hospital or approved day hospital facility	yes <input type="checkbox"/>	no <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"/>

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).

PATIENTS SIGNATURE/DATE

X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature

PRACTITIONER'S USE ONLY \_\_\_\_\_  
(Reason Patient Cannot Sign)

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.:

BEND TO REMOVE LABEL

SURNAME	MR, MRS, MISS, MS, DR	SEX	DATE OF BIRTH	YOUR REFERENCE
ADDRESS			TEL (HOME)	TEL (BUS)

# PATIENT COPY

TESTS REQUESTED

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

Hospital status of patient at specimen collection or date of service

Private patient in a private hospital or approved day hospital facility	yes <input type="checkbox"/>	no <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"/>

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PATIENTS SIGNATURE/DATE

X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature

PRACTITIONER'S USE ONLY \_\_\_\_\_  
(Reason Patient Cannot Sign)

## Patient Information

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

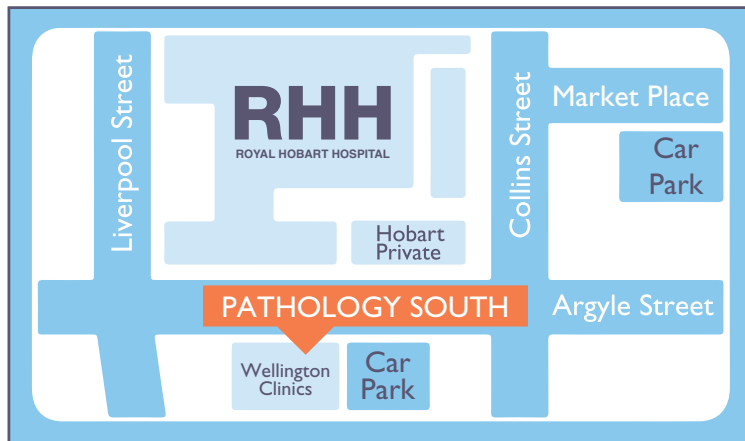
If your doctor has verbally indicated or written fasting on your request form, you must adhere to the following:

- 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.

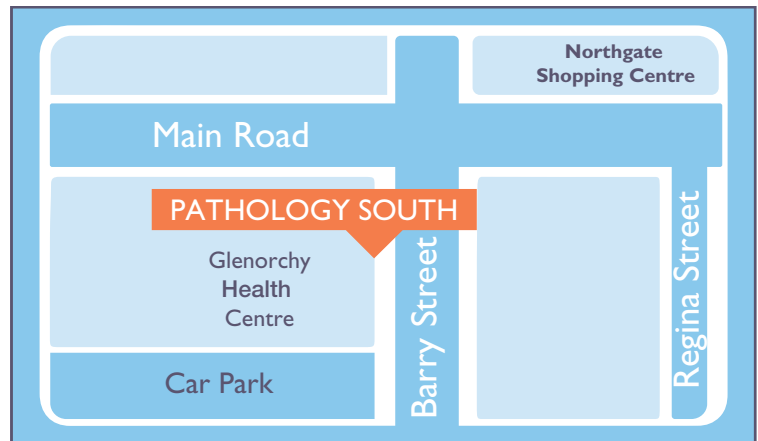
[www.pathologysouth.com.au](http://www.pathologysouth.com.au)

## Collection Centres



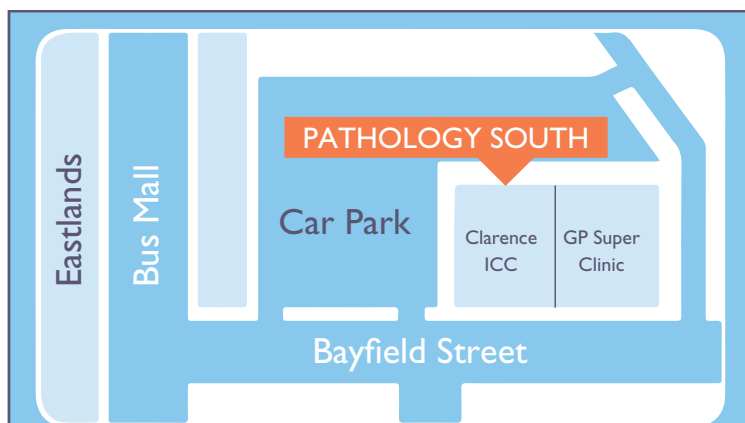
### Hobart

Royal Hobart Hospital	<b>Mon-Fri:</b> 8am-5pm
Wellington Clinics	<b>Sat:</b> 8am-12pm
Level 2, 42 Argyle Street	<b>Phone:</b> 6166 0150
	<b>Fax:</b> 6234 9815



### Glenorchy

Glenorchy Health Centre	<b>Mon-Fri:</b> 8am-12:30pm & 1pm-4pm
404-408 Main Road	<b>Phone:</b> 6166 0150
	<b>Fax:</b> 6173 0338



### Rosny

Clarence Integrated Care Centre	<b>Mon-Fri:</b> 8am-12:30pm & 1pm-4pm
16 Bayfield Street	<b>Phone:</b> 6166 0150
	<b>Fax:</b> 6282 0748



### Kingston

Kingston Health Centre	<b>Mon-Fri:</b> 8am-12:30pm & 1pm-4pm
6 Goshawk Way Kingston	<b>Phone:</b> 6166 0150
	<b>Fax:</b> 6173 0827