

LAB CODE

MEDICARE CARD NUMBER - IRN

DOCTOR CODE

Genea 1300 652 687

PATIENT LAST NAME / ADDRESS GIVEN NAMES SEX DATE OF BIRTH YOUR REF: TEL (HOME) TEL (BUS)

TESTS REQUESTED LMP/EDC ___/___/___ or Gestation by scan ___ wks + ___ days on the ___/___/___ Maternal height: ___ (cms) Maternal weight: ___ (kgs) Singleton/Twins (MCDA/DCDA) if known

Fasting Non-fasting Pregnant Horm Therapy LNMP EDC CERVICAL CYTOLOGY SITE Cervix Vaginal Vault Edometrium Other Post Natal Post Menopausal Radio Therapy IUUCD Abnormal Bleeding APPEARANCE OF CERVIX Benign Suspicious

CLINICAL NOTES SELF DETERMINED Please tick LBC HYBRID CAPTURE HPV LBC AND HPV TESTS NOT MEETING CRITERIA ARE NOT COVERED BY MEDICARE. PAP TEST REGISTER YES NO DOCTOR'S SIGNATURE AND REQUEST DATE

COPY REPORTS TO: HOSPITAL/WARD Collector Declaration: I certify that I collected the accompanying sample from the above patient whose identity was confirmed by enquiry and that I labelled the sample immediately following collection. Collector's Signature REQUESTING PRACTITIONER (Provider No., Surname, Init., Address)

ACC STAMP

LAB USE table with columns: Collected By, Collect Date, TUBES (EDTA, CIT, SST, Plain, Fluoride, HEP, Other, Spot, 24 Hr, MICRO, VIRAL, Other), CONTAINERS (Faeces, Semen, LBC, Other), HISTO, SLIDES (PAP, MICRO, Other, Describe), OTHER (Sign, Date, Time), SWABS

I offer to assign my right to benefits to the approved pathology practitioner ("APP") who will render the requested pathology services and any eligible pathologist determinable service(s) established as necessary by the practitioner. In the alternate I authorise that APP to submit my unpaid account to Medicare so that Medicare can assess my claim and issue a cheque to me, payable to the APP for the Medicare Benefit. PATIENT SIGNATURE DATE

Patient status at the time of the service or when the specimen was collected yes no a) Private patient in a private hospital or approved day hospital facility b) Private patient in a recognised hospital c) A public patient in a recognised hospital d) Outpatient of a recognised hospital

TRACKING NUMBER

Genea Pathology Request Genea Ltd APA Central Specimen Reception Level 3, 321 Kent Street, Sydney NSW 2000 p 1300 652 687 f (02) 9229 6400

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TESTS REQUESTED PATIENT COPY

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. REQUESTING PRACTITIONER (Provider No., Surname, Init., Address)

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