



Your doctor has recommended that you use St. Vincent's Pathology
 You are free to use 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.

MEDICARE CARD NUMBER

PATHOLOGY REQUEST (03) 9231 2888

St. Vincent's Hospital (Melbourne) Ltd APA
 t/a St. Vincent's Pathology (ABN 22 052 110 755)
 41 Victoria Pde FITZROY 3065
 pathologyfeedback@svha.org.au

10/2019
 SV 524

SEE OVER FOR COLLECTION CENTRES

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

TESTS REQUESTED

LABORATORY COPY

- Fasting
- Non Fasting
- Pregnant
- Horm Therapy
- LNMP
- EDC
- Cervical Cytology
 - Site Cervix
 - Vaginal Vault
 - Endometrium
 - Other
- Post Natal
- Post Menopausal
- Radio Therapy
- IUCD
- Abnormal Bleeding
- Appearance Benign of Cervix
- Suspicious

CLINICAL NOTES

RULE 3 EXEMPTION SD TICK

URGENT PHONE FAX BY TIME:
 PHONE/FAX No:
 PRIVATE CONCESSION BULK BILL
 DVA (Repat) Number:

DOCTOR'S SIGNATURE AND REQUEST DATE

X.....X

COPY REPORTS TO:
 HOSPITAL/WARD

REQUESTING DOCTOR (PROVIDER NUMBER, INITIALS, SURNAME, ADDRESS)

Work Place Origin

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	<input type="checkbox"/>	<input type="checkbox"/>
(b) Private patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
(c) A public patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
(d) Outpatient of a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>

PATIENT'S SIGNATURE AND DATE

MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973)

I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s). And any eligible pathologist determinable service(s) established as necessary by the practioner.

X.....X

Collect Date	Coll. Time	CC	SC	HO
LU AS BE	Received Date Rec. Time	NH	DR	PU
		IP	HP	OP

PRACTITIONERS USE ONLY

.....

(REASON PATIENT CANNOT SIGN)

Collectors Signature

I certify that the specimen/s accompanying this request was collected from the patient stated above as established by direct enquiry and/or inspection of wrist band



PATHOLOGY REQUEST (03) 9231 2888
 St. Vincent's Hospital (Melbourne) Ltd APA t/a St. Vincent's Pathology (ABN 22 052 110 755)
 41 Victoria Pde FITZROY 3065 pathologyfeedback@svha.org.au

MEDICARE CARD NUMBER

SEE OVER FOR COLLECTION CENTRES

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

TESTS REQUESTED

PATIENT COPY

REQUESTING DOCTOR (PROVIDER NUMBER, INITIALS, SURNAME, ADDRESS)

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	<input type="checkbox"/>	<input type="checkbox"/>
(b) Private patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
(c) A public patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
(d) Outpatient of a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>

PATIENT'S SIGNATURE AND DATE

MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973)

I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s). And any eligible pathologist determinable service(s) established as necessary by the practioner.

X.....X

IMPORTANT NOTICE REGARDING BLOOD TRANSFUSION

The National Blood Transfusion Committee of the Australian Red Cross has recommended that the following warnings and information regarding blood transfusion are brought to the attention of Medical Practitioners using pathology request forms to order blood.

WARNING The risk of transmitting infectious agents is present. Careful donor selection and available laboratory tests do not completely eliminate the hazard.

Also septic and toxic reactions can result from transfusions of bacterially contaminated blood and components. Such reactions are rare, but may be life-threatening. In addition, blood components may contain certain immunizing substances other than those indicated on the label. For example, platelet concentrates contain red blood cells and white blood cells as well as platelets. Attention to the specific indications for blood components is needed to avoid inappropriate transfusion. Autologous transfusion techniques (such as intra-operative salvage and presurgical deposit) should be considered whenever feasible in the perioperative setting to reduce the risks of disease transmission and immune reactions from homologous donations.

Principal Side Effects and Hazards of Fresh Blood Components are, in summary

- | | |
|--|--|
| 1. Haemolytic transfusion reactions | 10. Clinically significant depletion of coagulation proteins and platelets is a complication of massive transfusion. |
| 2. Transmission of infectious diseases | |
| 3. Bacterial contamination of blood and components | 11. Microaggregates consisting of fibrin, white cells and platelets may develop during storage of blood. |
| 4. Alloimmunization of the recipient | |
| 5. Graft-vs-host disease (GVHD) | 12. Metabolic complications of transfusions can occur when very large amounts of blood are transfused including: |
| 6. Febrile reactions | a. Hypothermia |
| 7. Allergic reactions | b. Citrate toxicity |
| 8. Circulatory overload reactions | c. Acidosis |
| 9. Iron overload | d. Alterations in potassium-hypokalemia or hyperkalemia. |

More detailed information will be found in the Circular of Information published by the National Blood Transfusion Committee of the Australian Red Cross (May 1994). Copies of this circular may be obtained from the Australian Red Cross.

Transfusion

Hospital:

Diagnosis/Operation:

Blood group and antibody screen only?

Blood group, antibody screen and hold serum?

..... Units Packed Cells

..... Units Whole Blood

Previous transfusions? Yes/No

Clinical details

Required atam/pm ondate

If blood product is needed urgently, i.e. in less than FOUR HOURS, the laboratory must be telephoned on 9231 4227 and this box ticked.

TO BE COMPLETED BY PERSON DRAWING BLOOD:

I certify that the blood specimen(s) accompanying this request was (were) drawn from the stated patient as established by direct enquiry and/or inspection of wrist band and that the specimen was labeled immediately.

SIGNATURE: DATE:



ST VINCENT'S PATHOLOGY

CENTRAL LAB/ADMINISTRATION 41 Victoria Parade, Fitzroy 3065 Ph: (03) 9231 2888 For FEEDBACK go to Website: path.svhm.org.au

COLLECTION CENTRES (For latest list see website)

*CLOSED FOR LUNCH. PLEASE RING TO CHECK TIMES

1/0/2019