



Application for Diagnostic Material for Patient Care & Payment Consent Form



Thank you for your request. Before we proceed with your request, please be aware that this request will incur a fee. Prior to us processing your request, your consent in regards to payment for this service is required.

PATIENT DETAILS and REQUESTING APPLICANT form fields including Family Name, Given Name, Address, Postcode, DOB, Sex, Name, Institution, Provider No., Phone, Fax, Email, and Laboratory No(s).

Diagnostic Material required for the following purpose:

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Table with 3 columns: Service Requested, Price, and Price (+GST). Rows include Block or Slide retrieval, Block/Slide review for project adequacy, Slide preparation (1-3, 4-6, 7-9, 10-12 slides), and Transportation via St. Vincent's Pathology Courier.

Payment consent:

Please complete the section below and email the form to anatpathoffice@svha.org.au

Once your consent is received, we will process your request.

Consent and Invoice Details form with fields for Person to be invoiced, Position Title, On behalf of Institution, Department, Invoice email address, Signature, and Total Amount.