

Medicare Card Number

Patient Last Name	Given Names	Sex	Date of Birth	Your Patient's Ref:
Patient Address			Tel (Home)	Tel (Other)
Postcode				

Tests Requested **ALL TESTS MARKED (IVFA) SHOULD BE FORWARDED TO IVFAUSTRALIA FOR TESTING**

LABORATORY COPY

ThinPrep® and HPV tests not meeting criteria are not covered by Medicare.

Clinical Notes		Collection Time	<input type="text"/>																																																																					
		Time/Hours Post Dose	<input type="text"/>																																																																					
Fasting <input type="checkbox"/>	Non-Fasting <input type="checkbox"/>	Diabetic <input type="checkbox"/>	Thyroxine R <input type="checkbox"/>																																																																					
Antithyroid R <input type="checkbox"/>	Pregnant <input type="checkbox"/>	Self Determined <input type="checkbox"/>																																																																						
Urgent <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> By Time: _____ Phone/Fax No: _____ Private <input type="checkbox"/> Schedule <input type="checkbox"/> Rebate <input type="checkbox"/> Bulk Bill <input type="checkbox"/> Veteran Affairs: _____		IMPORTANT Global <input type="checkbox"/> X.....																																																																						
<table border="1"> <thead> <tr> <th rowspan="2">LAB USE</th> <th colspan="7">Tubes</th> <th colspan="4">Urine</th> <th colspan="3">Swabs</th> <th colspan="3">Slides</th> <th colspan="3">Containers</th> <th colspan="2">Others</th> </tr> <tr> <th>Plain</th> <th>SST</th> <th>EDTA</th> <th>Gluc</th> <th>Cit</th> <th>Hep</th> <th>Bacto</th> <th>Cyto</th> <th>24Hr</th> <th>PCR</th> <th>Others</th> <th>Micro</th> <th>Viral</th> <th>Chlam</th> <th>Bacto</th> <th>PAP</th> <th>Chlam</th> <th>Faeces</th> <th>Semen</th> <th>Histo</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>		LAB USE	Tubes							Urine				Swabs			Slides			Containers			Others		Plain	SST	EDTA	Gluc	Cit	Hep	Bacto	Cyto	24Hr	PCR	Others	Micro	Viral	Chlam	Bacto	PAP	Chlam	Faeces	Semen	Histo																											Doctor's Signature and Request Date X.....	
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- Fasting
- Non-Fasting
- Pregnant
- Horm Therapy
- LMP
- EDC
- Cervical Cytology**
- Site Cervix
- Vaginal Vault
- Endometrium
- Other
- Post Natal
- Post Menopausal
- Radiotherapy
- IUCD
- Abnormal Bleeding
- Appearance of Cervix**
- Benign
- Suspicious
- Not for PAP register

Report copy to:	Requesting Practitioner: (Including Family Name, Initials, Address, Provider No.)
Hospital/Ward	

COLLECTOR DECLARATION

Time

Date

Location

I certify that I have collected the accompanying sample from the above patient whose identity was confirmed by direct inquiry and the specimen was labelled in the patient's presence.

COLLECTOR SIGNATURE

Was or will the patient be at the time of service or when the specimen is obtained	YES NO	MEDICARE ASSIGNMENT <i>(Section 20A of the Health Insurance Act 1973)</i> I offer to assign my rights 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 practitioner.	Patient's Signature and Date X.....
a) Private patient in a private hospital or approved day hospital facility <input type="checkbox"/> b) Private patient in a recognised hospital <input type="checkbox"/> c) Public patient in a recognised hospital <input type="checkbox"/> d) Outpatient of a recognised hospital <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Practitioner's Use Only: <i>(Reason patient cannot sign.)</i> _____	

1. Please ensure both patient name and date of birth are complete prior to removing label. 2. Remove label and attach to specimens. 3. If more than three specimens, please record patient details directly on additional containers.		<table border="1"> <tr> <td>NAME:</td> <td></td> </tr> <tr> <td>D.O.B.:</td> <td></td> </tr> </table>	NAME:		D.O.B.:		<table border="1"> <tr> <td>NAME:</td> <td></td> </tr> <tr> <td>D.O.B.:</td> <td></td> </tr> </table>	NAME:		D.O.B.:		<table border="1"> <tr> <td>NAME:</td> <td></td> </tr> <tr> <td>D.O.B.:</td> <td></td> </tr> </table>	NAME:		D.O.B.:	
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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

Was or will the patient be at the time of service or when the specimen is obtained	YES NO	MEDICARE ASSIGNMENT <i>(Section 20A of the Health Insurance Act 1973)</i> I offer to assign my rights 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 practitioner.	Patient's Signature and Date X.....
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Your doctor has recommended that you use an IVFAustralia laboratory (a member of Virtus Diagnostics). 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.

AREA	SUBURB	PROVIDER	ADDRESS	TEL	WEEKDAYS	SATURDAY
CBD & INNER WEST	CBD	IVFAustralia	Level 1, 33 York St	(02) 8346 6800	7am - 3pm	
	Burwood	IVFAustralia	Suite 202, Level 2, 74-76 Burwood Rd	(02) 8346 6840		
SOUTHERN SYDNEY	Kogarah	IVFAustralia	Suite 15 Level 3 St George Private Hospital, South St	(02) 8567 6955	7am - 3pm	8am - 10am
	Miranda	IVFAustralia	Suite 4, 20-24 Gibbs St	(02) 8567 6980	By appointment	
	Wollongong	Dr D Greening	Suite 3, 336 Crown St	(02) 4271 3900		
WESTERN SYDNEY	Westmead	IVFAustralia	Level 2, 20-22 Mons Rd	(02) 8844 1550	7am - 3pm	8am - 10am
	Castle Hill	IVFAustralia	Suite 4, 15-17 Terminus St	(02) 9950 6000	By appointment	
	Liverpool	IVFAustralia	Ground Floor 16-18 Bigge St	(02) 8844 1575	By appointment	
NORTHERN SUBURBS	Greenwich	IVFAustralia	Level 2, 176 Pacific Hwy	(02) 9425 1600	7am - 3pm	8am - 10am
	Dee Why	IVFAustralia	Suite 4320 Level 3, 834 Pittwater Rd	(02) 9950 6000	By appointment	
	Wahroonga	IVFAustralia	Suite 103 Tulloch Building, The San 185 Fox Valley Rd	(02) 9425 1780	By appointment	
EASTERN SUBURBS	Bondi Jn	IVFAustralia	Suite 1601, 16th Fl Westfield Tower 2, 101 Grafton St	(02) 8305 9800	7am - 3pm	
	Maroubra	IVFAustralia	Level 1, 225 Maroubra Rd	(02) 8372 3200	7am - 3pm	8am - 10am
CENTRAL COAST	Gosford	IVFAustralia	Suite 24 Level 2, 207 North Albany St	(02) 4349 2000	7am - 3pm	
NEWCASTLE	New Lambton Heights	IVFAustralia	The Heights Private Medical Centre 4/2 Lookout Rd	(02) 4957 8515		

You can also have blood collected at Virtus Diagnostics or Independent Diagnostic Services Pathology Centres (a Member of Virtus Diagnostics)

AREA	SUBURB	PROVIDER	ADDRESS	TEL	WEEKDAYS	SATURDAY
SOUTHERN SYDNEY	Cronulla	Independent Diagnostic Services	Ground Floor 70 Croydon St	(02) 9527 4600	7.30am - 4pm Closed 1-2pm	8am - 12pm
	Hurstville		Ground Floor 12 - 14 Ormonde Pde	(02) 9570 2211	7.30am - 6pm Closed 1-2pm	8am - 12pm
	Miranda		Level 1, 26-28 Gibbs St	(02) 9525 9377	7.30am - 4pm Closed 12-1pm	8am - 12pm
	Miranda		Ground Floor 601-605 Kingsway (enter via Central Rd)	(02) 9526 1233	8am - 4.30pm Closed 1-2pm	
	Miranda	Virtus Diagnostics	Ground Floor 50 Urunga Pde	(02) 9579 6777	7.30am - 2pm	
	Riverwood	Independent Diagnostic Services	325 Belmore Rd	(02) 9153 5699	8am - 4.30pm	8am - 12pm

For additional locations and opening times, please visit virtusdiagnostics.com.au