

NSW HEALTH PATHOLOGY

Enquiries: (02) 873 85056, (02) 873 85067



NATA/RCPA
Registered
Laboratory
Category GX

APA 1142
SYDNEY SOUTH WEST PATHOLOGY SERVICE
Locked Bag 7090 Liverpool BC NSW 1871



Health
Pathology

Site of Collection: (tick box) Liverpool Bankstown Campbelltown Camden Fairfield Bowral

PATIENT DETAILS Patient Identifier (MRN) Date of Birth/...../..... Sex M/F

Surname First name

No. and Street

Suburb / Town Post Code Ward/Clinic

Account Address [if different from above]

TESTS REQUESTED URGENT: YES/NO FASTING: YES/NO

5ml serum tube, spin, separate, store at 4°C

For funding purposes address to: Specimen Reception, SSWPS Liverpool Hospital, on an ice pack.

Infliximab trough level and antibodies

Inflectra Remicade Other - please specify: _____

Dose _____ Interval _____ Pt weight _____ Last infusion date _____

CLINICAL NOTES:

Disease: Crohn's disease: Fistulising Luminal Ulcerative colitis

Indication for testing

Induction (week 14)

Maintenance (after week 14)

In remission

Loss of response

<input type="checkbox"/> Clinical: CDAI _____ Partial Mayo _____	<input type="checkbox"/> Endoscopic recurrence
<input type="checkbox"/> Biochemical: CRP _____ Faecal calprotectin _____	<input type="checkbox"/> Recurrence on imaging

Other (e.g. adverse drug reaction), please specify: _____

SD (Self Determined) used when approved Pathology Practitioner determines that Pathologist determinable tests are necessary

CERVICAL CYTOLOGY

Consent for PTR Yes No

LMP:/...../.....

Site: Cervix Vault Other

Pregnant

O.C.

Post menopause

Postnatal

Hormones

IUCD

Appearance:

Normal

Eroded

Suspicious

Abnormal bleeding

Discharge

Other tests:

Thin Prep

HPV DNA

CLINICAL NOTES (include medication details e.g. current antibiotics)

Your doctor has recommended that you use **SYDNEY SOUTH WEST PATHOLOGY SERVICE**

You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist (APP) on clinical grounds a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor.

REQUESTING PRACTITIONER DETAILS

Doctor's Surname Initials

Address

Phone

DOCTORS PROVIDER NO:

SIGNATURE Fax

Date/...../..... **Attending Medical Officer**

COPY TO:

MEDICARE ASSIGNMENT (Section 20A of Health Insurance Act 1973) — to be completed by the patient offering to assign benefits for services on this form.

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 practitioner

PATIENT'S SIGNATURE **DATE**/...../.....

PRACTITIONERS USE ONLY

(Reason patient cannot sign) **MEDICARE NUMBER**

PATIENT STATUS at the time of the service or specimen collection:

A private patient in a private hospital, or approved day hospital facility A public patient in a recognised hospital An outpatient of a recognised hospital A private patient in a recognised hospital

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.

COLLECTION DATE: / / **TIME:** **COLLECTOR'S SIGNATURE:**

EDTA	CIT	PLAIN	HEP	FLUOR	P/Y EDTA	URINE SPOT 24HR EM	CSF	FAECES SPOT 3 DAY	SWAB	SPUTUM	BC	SLIDE	HIST FORMALIN FRESH	OTHER	CHECKED BY
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Oracle number: xxxxxxx

Results will be forwarded back to the pathology service where bloods were collected. Alternatively, contact (02) 873 85056 or (02) 873 85067.