

NSW HEALTH PATHOLOGY

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

NATA/RCPA
Registered
Laboratory
Category GXAPA 1142
SYDNEY SOUTH WEST PATHOLOGY SERVICE
Locked Bag 7090 Liverpool BC NSW 1871Health
PathologySite 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

☐ Clinical: CDAI Partial Mayo ☐ Endoscopic recurrence
☐ Biochemical: CRP Faecal calprotectin ☐ 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: xxxxxxxx

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