


MINIMUM LABELLING REQUIREMENTS

To comply with NSQHS Standards, as of October 1st, 2012 Pathology request forms AND specimens MUST have 3 identifiers:

1. **Patient's Full NAME-** i.e. Surname AND Given name
2. **DOB (Date of Birth)**
3. **UR Number OR For Outpatients Patient's full Address or Medicare #**

NO LABEL/INCOMPLETE LABEL = NO TESTING

 <p>Eastern Health (APA) Angliss Laboratory Tel 9764 6136 Box Hill Laboratory Tel 9895 3473 Maroondah Laboratory Tel 9871 3572 www.easternhealth.org.au/services/pathology</p>	  <p>PATHOLOGY REQUEST</p>																		
<p>COMPULSORY TO COMPLETE</p> <p>PATIENT SURNAME _____</p> <p>GIVEN NAME _____ UR No. _____</p> <p>ADDRESS _____</p> <p>POSTCODE _____</p> <p>DATE OF BIRTH ____/____/____ SEX M <input type="checkbox"/> F <input type="checkbox"/> TEL _____</p> <p>MEDICARE No ____/____/____ Valid to ____/____/____</p> <p>Ward/Clinic/Hosp _____</p> <p>Consultant _____</p> <p>Requesting Doctor Surname _____ Initials _____</p> <p>Provider No. _____ Code _____</p> <p>Address _____</p> <p>COPY RESULTS TO:</p> <p>Dr _____</p> <p>Address _____</p>	<p>CLINICAL NOTES Please provide (Relevant History/Procedure/Medications)</p> <p>RETURNED TRAVELLER: Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> SD</p> <p>TESTS REQUESTED</p>																		
<p>COMPULSORY TO COMPLETE</p> <p>PATIENT STATUS AT TIME OF SERVICE OR SPECIMEN COLLECTION</p> <p>Private patient in a private hospital or approved day hospital YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Private patient in a recognised hospital YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Medicare (public) patient in a recognised hospital YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Outpatient of a recognised hospital YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>COMPLETE FOR ALL PATIENTS</p> <p>1. <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Overseas</p> <p>2. <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient</p> <p>3. VA No. _____ <input type="checkbox"/> YAC</p> <p>Date of accident ____/____/____</p> <p><small>Your doctor has requested that you use Eastern Health Pathology (EHP). 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.</small></p>	<p>URGENT <input type="checkbox"/> Tel <input type="checkbox"/> Fax <input type="checkbox"/> by _____ hours Tel/Fax _____</p> <p>REQUESTING DOCTOR:</p> <p><small>Doctor to Sign</small></p> <p>Doctor's Signature _____ SURNAME (PRINT) _____</p> <p>PAGER _____ Request Date ____/____/____</p> <p>COLLECTORS MUST COMPLETE:</p> <p>The specimens for this request were obtained & labelled after verifying the patient's identity.</p> <p>Signature _____ Date ____/____/____ Time _____ Fasting Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Print Name _____ Preg Wks Code _____</p>																		
<p>COMPULSORY TO SIGN</p> <p>MEDICARE ASSIGNMENT FORM (Section 20A of the Health Insurance Act 1973)</p> <p>I assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s).</p> <p>Patient Signature _____ Date ____/____/____</p> <p>Practitioner's Use Only</p> <p>Reason patient cannot sign _____</p>	<p>LAB USE ONLY</p> <p>Specimen Types</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EDTA</td></tr> <tr><td>SERUM</td></tr> <tr><td>HEPARIN</td></tr> <tr><td>CITRATE</td></tr> <tr><td>ESR</td></tr> <tr><td>FLU</td></tr> <tr><td>ACD</td></tr> <tr><td>GAS</td></tr> <tr><td>BCULT</td></tr> <tr><td>TISSUE</td></tr> <tr><td>URINE</td></tr> <tr><td>SWAB</td></tr> <tr><td>CSF</td></tr> <tr><td>FLUID</td></tr> <tr><td>SPUTUM</td></tr> <tr><td>FAECES</td></tr> <tr><td>BRWASH</td></tr> <tr><td>OTHER</td></tr> </table>	EDTA	SERUM	HEPARIN	CITRATE	ESR	FLU	ACD	GAS	BCULT	TISSUE	URINE	SWAB	CSF	FLUID	SPUTUM	FAECES	BRWASH	OTHER
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CLINICAL DETAILS – Required for all requests:

Include: Current problem/ Differential diagnosis/ Relevant medical history
This information will assist with determining the level of investigation required and the importance and prioritisation of unexpected results.

CONTACT DETAILS – Required for all requests:

Legible referrer name and contact and/or after hours contact and Pager/ Phone number must be supplied on EACH REQUEST
This information is required for effective communication of critical results.

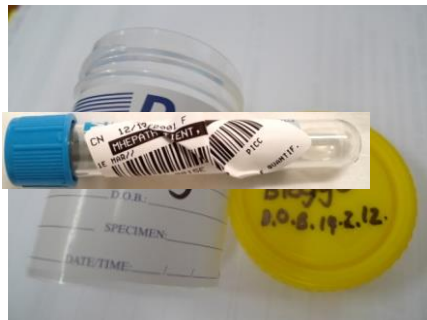
SPECIMEN RELABELLING NOT PERMITTED

NATA Accreditation requirements reflect a tight policy on specimen relabelling.**
From October 1st, 2012 re-labelling of specimens has not been permitted.

Pathology will not accept:

- UNLABELLED SPECIMENS
- MIS-LABELLED SPECIMENS
- INSUFFICIENTLY LABELLED SPECIMENS

Compliance will ensure maximum patient safety is a priority.



INCORRECT XX



CORRECT ✓✓

For further information please refer to:

1. Eastern Health Objectify Policy 81: Specimen Minimum Labelling Requirements
2. Pathology On-Line Handbook

**NATA/ ISO 15189 Medical Testing Field Application Document July 2012

QUESTIONS:

If you have any questions or require further information on any of these initiatives please contact Pauline McGrath, Pathology Director of Operations, on 9895 3145 or Janet Steele ADQPI, Pathology on 9895 3565.