AAA Mackay Pathology
PHONE: (07) 4942 0128
Dr Henry Lau MBBS, FRCPA, FACTM

MEDICARE CARD NUMBER

PATHOLOGY REQUEST

LAB REFERENCE A/3177

PATIENT LAST NAME | GIVEN NAME (INCLUDING MIDDLE INITIAL) | SEX | DATE OF BIRTH | YOUR REFERENCE

PATIENT ADDRESS | POSTCODE | TEL (HOME) | TEL (BUS)

TESTS REQUESTED

LABORATORY COPY

Fasting ■
Pregnant ■
Hormone Therapy ■
LNMP
Gestational age (weeks)

CLINICAL NOTES

✓ if Self Determine

PERSON DRAWING BLOOD
I certify that the blood specimen(s) accompanying this request was drawn from the patient named above. I established the identity of this patient by direct enquiry and/or by inspection of wrist band and immediately upon the blood being drawn I labelled the specimen(s). Signature .....

URGENT ■ PHONE ■ FAX ■ BY TIME:
PHONE/FAX No.:
PRIVATE ■ CONCESSION ■ DIRECT BILL ■
VETAFFAIRS No.:

DOCTOR'S SIGNATURE AND REQUEST DATE AND TIME

...../...../.....

Patient status at the time of the service or when specimen was collected:

1. A Private patient in a private hospital or approved day hospital facility
Yes☐ No☐
2. a Private patient in a recognised hospital
Yes☐ No☐
3. a Public patient in a recognised hospital
Yes☐ No☐
4. a Outpatient of a recognised hospital
Yes☐ No☐

COPY REPORTS TO:

REQUESTING DOCTOR
(PROVIDER NUMBER, SURNAME, INITIALS, ADDRESS)

Collect Date	Collect Time	Received Date	Received Time	Collect Sign	Collect Code	Category

■	SST	EDTA	LH	CIT	PPT	ACD	Vacu	24hr	24hr Acid	Rand	Jar	Faec	Histo	Pap	THP Thin	Chlam	Trans Red	Plain Black
■	Tube	Tube	Tube	Tube	Tube	Tube	Tube	Urine	Urine	Urine	Other	Cont	Cont	Slide	Prep	Swab	Swab	Swab

PATIENT'S SIGNATURE AND DATE

MEDICARE ASSESSMENT (Section 20A of the Health Insurance Act 1973). I assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s).

...../...../.....
Practitioners Use Only
(Reason patient cannot sign)

NAME:
D.O.B.:

NAME:
D.O.B.:

NAME:
D.O.B.:

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