

Patient Last Name / Address

Given Names

Medicare Number

Sex Date of Birth

Your Ref:

Tel (Home)

Tel (Bus)

Tests Requested

- Fasting
- Non Fasting
- Pregnant
- HormTherapy
- LMP
- EDC
- Cervical Cytology**
- Cervix
- Vaginal Vault
- Endometrium
- Other
- Post Natal
- PostMenopausal
- Radio Therapy
- IUCD
- Abn Bleeding
- Cx Benign
- Cx Suspicious

Clinical Notes

Lab Use Only

Urgent  Phone  Fax  By Time: \_\_\_\_\_  
 Phone/Fax No: \_\_\_\_\_  
 Private  Schedule  Bulk Bill   
 Vet Affairs/Work Comp No: \_\_\_\_\_

I assign my right to benefits to the approved pathology practitioner who will render the requested pathology services and any eligible pathologist determinable services. Your doctor has requested tests according to clinical need. Some of these tests may not be eligible for Medicare rebate for which you will receive an account.  
**Patient Signature and Date:**  
 ✓ \_\_\_\_\_ Date: \_\_\_\_\_

**Doctor Signature & Date:**  
 \_\_\_\_\_  
 Date: \_\_\_\_\_

Copy Reports To:

Requesting Practitioner

ACC STAMP

**Collector Signature** I certify that I collected the accompanying sample from the above patient whose identity I confirmed by enquiry and then labelled the sample immediately following collection:  
 ✓ \_\_\_\_\_

Collected By: \_\_\_\_\_  
 Collect Date: \_\_\_\_\_

Collect Time: \_\_\_\_\_

Citrate	ACD	Plain	SST	Li Hep	EDTA	Trace	FI Ox
Spot U	24H U	Faeces	LBC	Sterile	Swab	Histo	Other



Tel: 13 4 298 www.4cyte.com.au

Last: \_\_\_\_\_  
 First: \_\_\_\_\_  
 D.O.B.: \_\_\_\_\_

Last: \_\_\_\_\_  
 First: \_\_\_\_\_  
 D.O.B.: \_\_\_\_\_

Last: \_\_\_\_\_  
 First: \_\_\_\_\_  
 D.O.B.: \_\_\_\_\_

Your treating practitioner has recommended that you use 4Cyte Pathology. You are free to choose your own pathology provider. However, if your treating practitioner 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 treating practitioner. **PRIVACY NOTE:** The information provided will be used to verify your name, DOB and details with Medicare, 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 or to a person in the medical practice associated with this claim, or as authorised/required by law.

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PATIENT COPY

Requesting Practitioner