

Medicare Card Number

LAB ID

PATIENT COLLECTION LOCATIONS [See Over](#)

Patient Last Name  Given Names  Sex  Date of Birth  Your Patient's Ref:

Patient Address  Tel (Home)  Tel (Other)

Postcode

Tests Requested  **ThinPrep® and HPV tests not meeting criteria are **not** covered by Medicare.**

LABORATORY COPY

- Fasting
- Non-Fasting
- Pregnant
- Horm Therapy
- LMP
- EDC
- Cervical Cytology**
- Site Cervix
- Vaginal Vault
- Endometrium
- Other
- Post Natal
- Post Menopausal
- Radiotherapy
- IUCD
- Abnormal Bleeding
- Appearance of Cervix
- Benign
- Suspicious
- Not for PAP register

Clinical Notes

Collection Time

Time/Hours Post Dose

Fasting  Non-Fasting  Diabetic  Thyroxine R  Antithyroid R  Pregnant  Self Determined

Urgent  Phone  Fax  By Time:

Phone/Fax No:

Private  Schedule  Rebate  Bulk Bill

Veteran Affairs:

**IMPORTANT**

**Doctor's Signature and Request Date**

Global  X .....

LAB USE	Tubes						Urine				Swabs			Slides			Containers			Others	
	Plain	SST	EDTA	Gluc	Cit	Hep	Bacto	Cyto	24Hr	PCR	Others	Micro	Viral	Chlom	Bacto	PAP	Chlom	Faeces	Semen	Histo	

Report copy to:

Hospital/Ward

Requesting Practitioner: (Including Family Name, Initials, Address, Provider No.)

**COLLECTOR DECLARATION**

Time

Date

Location

I certify that I have collected the accompanying sample from the above patient whose identity was confirmed by direct inquiry and the specimen was labelled in the patient's presence.

COLLECTOR SIGNATURE

Was or will the patient be at the time of service or when the specimen is obtained

YES NO

a) Private patient in a private hospital or approved day hospital facility

b) Private patient in a recognised hospital

c) Public patient in a recognised hospital

d) Outpatient of a recognised hospital

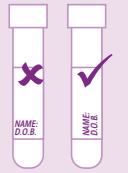
**MEDICARE ASSIGNMENT**  
*(Section 20A of the Health Insurance Act 1973)*  
I offer to assign my rights to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner.

**Practitioner's Use Only:**  
*(Reason patient cannot sign.)* .....

**Patient's Signature and Date**

X .....

1. Please ensure both patient name and date of birth are complete prior to removing label.
2. Remove label and attach to specimens.
3. If more than three specimens, please record patient details directly on additional containers.



NAME:

D.O.B.:

**PULL**

NAME:

D.O.B.:

**PULL**

NAME:

D.O.B.:

**PULL**

Medicare Card Number

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Postcode

Tests Requested

PATIENT COPY

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.

Requesting Practitioner

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**Patient's Signature and Date**

X .....

Your doctor has recommended that you use Virtus Diagnostics or Melbourne IVF. 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. For locations and opening times, please visit [virtusdiagnostics.com.au](http://virtusdiagnostics.com.au)

LOCATION	ADDRESS	TEL	WEEKDAYS	SATURDAY
EAST MELBOURNE	Melbourne IVF Epworth Freemasons 344 Victoria Pde	(03) 9473 4444	7am - 3pm	7.30am - 2pm
EAST MELBOURNE	Melbourne IVF Suite 3B 320 Victoria Pde	(03) 9473 4444	7am - 5pm	N/A
PARKVILLE	Melbourne IVF Reproductive Services The Women's Hospital 2nd Floor Cnr Grattan St & Flemington Rd	(03) 8345 3200	7.30am - 11am	N/A
MT WAVERLEY	Melbourne IVF 3 Meadow Cres	(03) 8805 7888	7.30am - 11am	N/A
BOX HILL	Melbourne IVF Suite 13, Level 1 The Elgar Hill Building 28-32 Arnold Street	(03) 9006 5500	7.30am - 11am	N/A
WERRIBEE	Melbourne IVF Level 1 242 Hoppers Lane	(03) 8742 9300	7.30am - 11am	N/A
DANDENONG	The Fertility Centre Suite 1 118 David Street	(03) 8788 7100	7.30am - 11am	N/A

For additional locations and opening times, please visit [virtusdiagnostics.com.au](http://virtusdiagnostics.com.au)