

Laboratory No. _____

PATIENT DETAILS

UR: _____ GF: _____

SURNAME _____ GIVEN NAME _____

ADDRESS _____

POSTCODE _____

DOB ___/___/___ SEX _____ TELEPHONE _____

CLINIC VCGS RWH Other _____

MEDICARE NUMBER _____

Medical Assignment: (Section 20A of the Health Insurance Act 1973). I offer to assign my right 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 sig: _____ Date: _____

Print name: _____

CLINICAL NOTES (inc. medications)

Your doctor has recommended you use Victorian Clinical Genetics Services (VCGS). 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 performed the service. You should discuss this with your doctor.

REQUESTING PRACTITIONER (please print)

SURNAME _____ INITIALS _____

ADDRESS _____

POSTCODE _____

PROVIDER NO. _____

COPY TO (Dr Name & address)

CONTACT DETAILS FOR URGENT RESULTS

Phone: _____ Fax: _____

TESTS REQUESTED

DOCTOR'S SIGNATURE DATE

SPECIMEN COLLECTION

I certify that the accompanying specimen was collected from the patient stated above as ascertained by inquiry and/or examination of name band.

COLLECTORS SIGNATURE: _____ Collection date ___/___/___ Collection time _____