CLINIPATH PATHOLOGY

310 Selby Street North
Osborne Park WA 6017
Telephone: 9371 4200

MEDICARE CARD NUMBER
6080757944/1

PATIENT SURNAME	GIVEN NAMES	SEX	DATE OF BIRTH
Short	**Julie**	F	31/10/1960

ADDRESS
15 John Street
COTTESLOE 6011

TEL (HOME)
9385 4066 (H)
0419968370 (M)

TESTS REQUESTED

Lipids [Chol, Trig & HDL] - ~~fasting~~; FBC & ESR; LFT; UECr; HbA1c; Fe studies [Fe, Transf, Satn, Ferritin]; B12 & Serum Folate

LABORATORY COPY

CLINICAL NOTES

Do not send to My Health Record ☐

BP014127-4BDCB64253

☐ SD (Self Determine)

PATIENT ADVISORY STATEMENT Practitioner to tick if Clinipath Pathology required ☐
Your doctor has recommended that you use Clinipath Pathology. 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.

URGENT! ☐ Phone ☐ Fax ☐ By time:

Phone/Fax no

Private ☐ Schedule ☐ Bulk Bill ☐ ☑ ☐ PEN ☐ HCC

Vet Affairs no

DOCTORS SIGNATURE

REQUEST DATE
26/03/2024

COPY TO

Mrs Julie Short, 15 John Street COTTESLOE 6011

REQUESTING DOCTOR
Surname, Initials, Address and Provider Number

Dr Jan Chaney
525 Stirling Highway
Cottesloe 6010
Ph: 0893841500 Fax: 0893841422
0165069X

Hospital status State the patient's status at the time of service or when the specimen was collected: ☐ a private patient in a private hospital ☐ a private patient in a recognised hospital.

TRANSFUSION Hospital: _____
Date required: Time:
Reason for transfusion:

In the last three months has the patient been: Pregnant? ☐ YES ☐ NO
Transfused: ☐ YES ☐ NO

COLLECTOR TO COMPLETE:
I certify that the blood specimen accompanying this request was drawn from the patient stated as established by direct enquiry and/or inspection of the ID wrist-band, and the specimen was labelled immediately. I have also signed the sample tube(s).

NAME: _____
SIGN: _____
TIME: _____ DATE: _____

[ ] SST [ ] EDT
[ ] SNG [ ] PNC
[ ] HISTO [ ] PA
[ ] SWAB [ ] FA

RCPA The Royal College of Pathologists of Australasia
NATA
Accredited for compliance with NPAAC Standards and ISO 15189
Clinipath Pathology Pty Ltd trading as Clinipath Pathology and Bunbury Pathology, ABN 57 008 811 185, a subsidiary of Sonic Healthcare Limited (APA) ABN 24 004 196 909, 14 Giffnock Ave, Macquarie Park NSW 2113

MEDICARE ASSIGNMENT (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)

Practitioner Use Only: _____
(Reason Patient cannot sign)

PATIENT'S SIGNATURE
X _____

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Julie
31/10/1960

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Phone/Fax no

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Private ☐
Vet Affairs no

Phone ☐
Fax ☐ By time:
Schedule ☐
Bulk Bill ☑

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