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PATIENT STATUS AT TIME OF SERVICE OR WHEN SPECIMEN COLLECTED

1. Private patient in a private hospital or approved day hospital facility

2. Private patient in a recognised hospital

3. a Medicare (public) patient in a recognised hospital


4. Outpatient of recognised hospital

Yes

No

PRIVATE

BULK BILL



This document is issued in accordance with NATA/RCPA accreditation requirements. Accredited Lab Number

MEDICARE ASSIGNMENT (Sector 20A of the Health insurance Act 1973)  
*I assign my right to benefits to the approved practitioner who will render the requested pathology service(s).*

PATIENT'S SIGNATURE AND DATE

PRACTITIONER'S USE ONLY

(Reason Patient cannot sign)

COLLECTOR TO COMPLETE:

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

NAME:

SIGN:

TIME:

DATE:

ACC

☐ F

☐ NF

TOLM:

TOLD:

SPECIMENS::

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