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PATHOLOGY REQUEST			E CARD NUMBER 5411824 1			
PATIENT SURNAME Wade	GIVEN NAMES Janine	SEX F	DATE OF BIRTH 14/01/1982	YO	UR REF:	
PATIENT ADDRESS 46 Sunshine Street Manly Vale, NSW, 2093, AU			TEL M: 0404566722 H:	TE	L (BUS)	
TESTS REQUESTED Fasting chol + HDL, CRP				•	Fasting Non-Fasting Pregnant Hormone Therapy	!
CLINICAL NOTES add on tests Site: Fasting		M.	~		LNMP EDC <u>Cervical</u> <u>Cytology</u> <u>Site</u> Cervix Vaginal Vault	
Please FAX result to: (02) 9568 4678 Or email: admin@nationaltelemedicinedoctors.com URGEN PHONE FAX BY TIME: T PHONE/FAX No: / PRIVATE CONCESSIO BULK N BILL VET AFFAIRS No:		DOCTOR			Endometrium Other Post Natal Post Menopausal Radio Therapy IUCD Abnormal Bleeding Cervix Benign Cervix Suspicious	
OPY REPORTS TO REQUESTING DOCTOR Dr Damien Ford MBBS, FRACGP Provider No. 5910766T			COLLECTION CENTRE USE			

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05/07/2023, 17:17 Print Investigation

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	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). PRACTITIONER'S USE ONLY (Reason Patient cannot sign)	PATIENT'S SIGNATURE AND DATE
a Medicare (public) patient in a recognised hospital Outpatient of recognised hospital PRIVATE BULK BILL	COLLECTOR TO COMPLETE: I certify that the blood specimen accompanying this request was drawn from the patient stated as established	ACC SPECIMENS::
This document is issued in accordance with NATA/RCPA accreditation requirements. Accredited Lab Number	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)	TOLD:
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 PRIVATE BULK BILL	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

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